

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Illinois Republican Party

ADDRESS (number and street)

P.O. Box 64897

☐Check if different
than previously
reported. (ACC)

Chicago

IL

60664

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005926

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the
State of

IL

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dave Syverson, Treasurer

Signature of Treasurer

Electronically Filed by Dave Syverson, Treasurer

Date

03

23

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Illinois Republican Party

Report Covering the Period: From: M M
1 0 D D
1 4 Y Y Y Y
2 0 1 0 To: M M
1 1 D D
2 2 Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 0		115300.74
(b) Cash on Hand at Beginning of Reporting Period	319959.40	
(c) Total Receipts (from Line 19)	804963.01	2347715.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1124922.41	2463016.02
7. Total Disbursements (from Line 31)	1086935.02	2425028.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37987.39	37987.39
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Illinois Republican Party

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	82052.00	382567.00
(ii) Unitemized	41547.26	285136.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)	123599.26	667703.74
(b) Political Party Committees	0.00	500.00
(c) Other Political Committees (such as PACs)	351723.00	796139.58
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	475322.26	1464343.32
12. Transfers From Affiliated/Other Party Committees	256682.32	567031.43
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5000.00	5000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	67958.43	311340.53
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	67958.43	311340.53
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	804963.01	2347715.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	737004.58	2036374.75

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share.....	14812.51	105221.48
(ii) Non-Federal Share.....	55723.29	395832.23
(b) Other Federal Operating Expenditures.....	80561.63	447136.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	151097.43	948190.36
22. Transfers to Affiliated/Other Party Committees.....	35000.00	35000.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	800.00	5800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	25000.00	25000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	25000.00	30000.00
29. Other Disbursements.....	5100.00	10247.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	869937.59	1395791.27
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	869937.59	1395791.27
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1086935.02	2425028.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1031211.73	2029196.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	475322.26	1464343.32
34. Total Contribution Refunds (from Line 28(d))	25000.00	30000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	450322.26	1434343.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	95374.14	552358.13
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	95374.14	552358.13

SCHEDULE L (FEC Form 3X)

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AGGREGATION PAGE: LEVIN FUNDS

Transaction ID: SL1

NAME OF COMMITTEE (In Full)
Illinois Republican Party

NAME OF ACCOUNT
LEVIN

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	50000.00	50000.00
b. Unitemized.....	0.00	0.00
c. Total.....	50000.00	50000.00
2. OTHER RECEIPTS.....	0.00	7500.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	50000.00	57500.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	54566.76	54746.76
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	54566.76	54746.76
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	7640.00	320.00
8. RECEIPTS..... (from Line 3)	50000.00	57500.00
9. SUBTOTAL..... (Add Lines 7 and 8)	57640.00	57820.00
10. DISBURSEMENTS..... (From Line 6)	54566.76	54746.76
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	3073.24	3073.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

ABX Air PAC

Mailing Address 145 Hunter Dr

City

Wilmington

State

OH

Zip Code

45177

FEC ID number of contributing
federal political committee.

C

C00238311

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01130.C321770

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

American Success PAC

Mailing Address 701 8th St NW
Suite 500

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00336644

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 01201.C323048

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Biggert for Congress

Mailing Address PO Box 637

City

Hinsdale

State

IL

Zip Code

60522-0637

FEC ID number of contributing
federal political committee.

C

C00330241

Name of Employer
U.S. Government

Occupation

Congresswoman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: C321792

Amount of Each Receipt this Period

10000.00

Receipt

NOTE: TRANSFER

SUBTOTAL of Receipts This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.Full Name (Last, First, Middle Initial)
Biggett for Congress

Mailing Address PO Box 637

City	State	Zip Code
Hinsdale	IL	60522-0637

FEC ID number of contributing
federal political committee.**C** C00330241Name of Employer
U.S. GovernmentOccupation
Congresswoman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 6	/	2 0 1 0

Transaction ID: C321794

Amount of Each Receipt this Period

10000.00

Receipt

NOTE: TRANSFER

B.Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226-7813

FEC ID number of contributing
federal political committee.**C** C00355461

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 8	/	2 0 1 0

Transaction ID: C322864

Amount of Each Receipt this Period

5000.00

Receipt

NOTE: TRANSFER

C.Full Name (Last, First, Middle Initial)
Caterpillar EmployeesMailing Address Political Action Committee
100 N.E. Adams St.

City	State	Zip Code
Peoria	IL	61629-1430

FEC ID number of contributing
federal political committee.**C** C00148031

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
1 0	/	2 1	/	2 0 1 0

Transaction ID: 01130.C321769

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
CNA Citizens For Good Govt - State PAC

Mailing Address 333 S Wabash Ave

City State Zip Code
Chicago IL 60604-4107

FEC ID number of contributing
federal political committee. **C** C00078287

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321778

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Enterprise Rent-A-Car Company

Mailing Address Political Action Committee
600 Coporate Park Drive

City State Zip Code
Saint Louis MO 63105

FEC ID number of contributing
federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321781

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
ExelonPAC

Mailing Address P.O. Box 805379

City State Zip Code
Chicago IL 60680-5379

FEC ID number of contributing
federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: C322861

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Friends Of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite 1City State Zip Code
West Chester OH 45069FEC ID number of contributing
federal political committee.**C** C00237198

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 01201.C323049

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Generation Y Fund Gop

Mailing Address PO Box 10555

City State Zip Code
Peoria IL 61612FEC ID number of contributing
federal political committee.**C** C00448191

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: 01130.C321775

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Growth And Prosperity PAC

Mailing Address 831 Linwood Ct

City State Zip Code
Birmingham AL 35222FEC ID number of contributing
federal political committee.**C** C00388793

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 01201.C323045

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

HALPAC

Mailing Address Hal Rogers, Honorary Chair
701 8th St NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00376038

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 01201.C323044

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Home Depot Inc

Mailing Address 101 Constitution Ave NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00284885

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321783

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jobs, Economy & Budget Fund

Mailing Address Congressman Jeb Hensarling
7315 Wisconsin Ave

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing
federal political committee.

C C00420695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 01201.C323047

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Kinzinger for Congress

Mailing Address P.O. Box 1050

City

Bourbonnais

State

IL

Zip Code

60914

FEC ID number of contributing
federal political committee.**C**

C00458877

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	1	0

Transaction ID: C322858

Amount of Each Receipt this Period

25000.00

Receipt

NOTE: TRANSFER

B.

Full Name (Last, First, Middle Initial)

Kinzinger for Congress

Mailing Address P.O. Box 1050

City

Bourbonnais

State

IL

Zip Code

60914

FEC ID number of contributing
federal political committee.**C**

C00458877

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: C322859

Amount of Each Receipt this Period

5000.00

Receipt

NOTE: TRANSFER

C.

Full Name (Last, First, Middle Initial)

Kirk for Senate

Mailing Address PO Box 8

City

Winnetka

State

IL

Zip Code

60093-0008

FEC ID number of contributing
federal political committee.**C**

C00350785

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455308.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: C322860

Amount of Each Receipt this Period

190000.00

Receipt

NOTE: TRANSFER

SUBTOTAL of Receipts This Page (optional)

220000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Pac Associated Builders

Mailing Address 4250 N Fairfax Dr
9th Floor

City State Zip Code
Arlington VA 22203

FEC ID number of contributing
federal political committee.

C C30001333

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: C321789

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 631-B Pennsylvania Ave SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00305805

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: C322865

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

The Freedom Project

Mailing Address 631 B Pennsylvania Ave SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00305805

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: 01201.C323050

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Tim Murphy For Congress

Mailing Address PO Box 24551

City

Pittsburgh

State

PA

Zip Code

15234

FEC ID number of contributing
federal political committee.**C**

C00372201

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: 01201.C323046

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City

Washington

State

DC

Zip Code

20008-0786

FEC ID number of contributing
federal political committee.**C**

C00433060

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: 01130.C321782

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

United Parcel Service, Inc PAC

Mailing Address 55 Glenlake PKWY NE

City

Atlanta

State

GA

Zip Code

30328

FEC ID number of contributing
federal political committee.**C**

C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: 01130.C321777

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 534

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Volunteers for Shimkus

Mailing Address PO Box 661

City

Springfield

State

IL

Zip Code

62705-0661

FEC ID number of contributing
federal political committee.

C

C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

69776.80

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01130.C321767

Amount of Each Receipt this Period

40000.00

Receipt

NOTE: TRANSFER

B.

Full Name (Last, First, Middle Initial)

Volunteers for Shimkus

Mailing Address PO Box 661

City

Springfield

State

IL

Zip Code

62705-0661

FEC ID number of contributing
federal political committee.

C

C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

46999.80

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 1 0

Transaction ID: C322934

Amount of Each Receipt this Period

2223.00

In-Kind

Airfare - American Airlines

SUBTOTAL of Receipts This Page (optional)

42223.00

TOTAL This Period (last page this line number only)

351723.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Paul Alongi

Mailing Address 1 Bloomingdale Pl. Apt. 702

City

Bloomington

State

IL

Zip Code

60108-1294

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAAC Machinery Corp

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322325

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Timothy Andres

Mailing Address 425 Kungs Way

City

Joliet

State

IL

Zip Code

60435-5393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joliet Catholic Academy

Occupation

Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322676

Amount of Each Receipt this Period

60.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ronald Arras

Mailing Address RR 2 Box 125

City

Greenfield

State

IL

Zip Code

62044-9628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322947

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Helen Ayers

Mailing Address 724 E 1000 North Rd

City

Bement

State

IL

Zip Code

61813-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321666

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Carl Backer

Mailing Address 1106 Sunset Road

City

Winnetka

State

IL

Zip Code

60093-3626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Memorial HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322815

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin Baer

Mailing Address 5405 138th Pl

City

Crestwood

State

IL

Zip Code

60445-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
CC IndustriesOccupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322080

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Wayne Behrns

Mailing Address P.O. Box 14

City

Dieterich

State

IL

Zip Code

62424-0014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Production Agriculture

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01130.C322646

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Benn

Mailing Address 1613 W Adams St

City

Springfield

State

IL

Zip Code

62704-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
IL Dept. of Revenue

Occupation

Revenue Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321623

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Betts

Mailing Address 2500 Indigo Ln Unit 354

City

Glenview

State

IL

Zip Code

60026-8307

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322702

Amount of Each Receipt this Period

110.00

Receipt

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

William Boyd

Mailing Address 3145 Elmhurst Dr.

City

Springfield

State

IL

Zip Code

62704-5474

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321622

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Branz

Mailing Address PO Box 575

City

Herscher

State

IL

Zip Code

60941-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322477

Amount of Each Receipt this Period

130.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mary Ellen Brown

Mailing Address 26 Chateau Dr

City

Fairview Heights

State

IL

Zip Code

62208-3605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322363

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 20 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Gregory Buffington

Mailing Address 1787B Glenwood Cir.

City

Sugar Grove

State

IL

Zip Code

60554-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Layne-Western Co

Occupation

General Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01130.C321757

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ronald D. Bullock

Mailing Address 8 Blanchard Cir

City

South Barrington

State

IL

Zip Code

60010-9515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bison Gear & Engineering

Occupation

Chairman & CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322972

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jon Carlson

Mailing Address 38 Tartan Lakes Dr

City

Westmont

State

IL

Zip Code

60559-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Topi Capitol Mgt., LLC

Occupation

Investment Management

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322235

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 21 / 534

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Henry Chandler

Mailing Address 902 N Green Bay Rd

City

Lake Forest

State

IL

Zip Code

60045-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322333

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James Claxton

Mailing Address 9800 Hillcrest Ln

City

Benton

State

IL

Zip Code

62812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322221

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Conrad

Mailing Address 703 Orchard Dr.

City

Macomb

State

IL

Zip Code

61455-1122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Illinois Universi-
ty

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321608

Amount of Each Receipt this Period

110.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1610.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Theresa Couch

Mailing Address 3035 Lake Bluff Dr

City

Decatur

State

IL

Zip Code

62521-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321624

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Newton Dodds

Mailing Address 19 Greencroft Dr.

City

Champaign

State

IL

Zip Code

61821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322450

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Garth Dorcy

Mailing Address 8933 Old Lebanon Troy Road

City

Lebanon

State

IL

Zip Code

62254-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Illinois

Occupation
Correctional Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C321829

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Denis Drennan

Mailing Address 4 Milburn Park

City

Evanston

State

IL

Zip Code

60201-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer
DM Systems

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321643

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Sandra Drury

Mailing Address 1501 E. Prairie Ave

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: C321791

Amount of Each Receipt this Period

10000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Dyer

Mailing Address 952 Stone Creek Ln

City

Belleville

State

IL

Zip Code

62223-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322220

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

David Eades

Mailing Address 5 Lyndhurst Pl.

City

Champaign

State

IL

Zip Code

61820-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regency Assoc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322309

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ervin Erdoes

Mailing Address 3740 Lake Shore Drive, #15-A

City

Chicago

State

IL

Zip Code

60613-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322481

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas Faller

Mailing Address 3300 Hedley Rd

City

Springfield

State

IL

Zip Code

62711-6384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322137

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Patricia Fee

Mailing Address 1530 White Eagle Dr

City

Naperville

State

IL

Zip Code

60564-9761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
political consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322836

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas Fitzgibbon

Mailing Address 9640 Reding Cir

City

Des Plaines

State

IL

Zip Code

60016-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322171

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Frame

Mailing Address 959 Malinda Ct

City

Forsyth

State

IL

Zip Code

62535-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAD LTD.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322277

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 534

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Ronald Fraser

Mailing Address 2003 Cherokee Rd

City

Carpentersville

State

IL

Zip Code

60110-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C321842

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brian Gaston

Mailing Address 919 Bernard St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glover Park GroupOccupation
Government AFFA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: 01130.C321780

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion Giles

Mailing Address 152 Brewster Lane

City

La Grange Park

State

IL

Zip Code

60526-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: 01130.C322675

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Alexander Goldin

Mailing Address 2374 Greenview Rd

City

Northbrook

State

IL

Zip Code

60062-1157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ear, Nose, & Throat CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322826

Amount of Each Receipt this Period

45.00

Receipt

B.

Full Name (Last, First, Middle Initial)

August Greidanus

Mailing Address 501 Cutters Mill Ln

City

Schaumburg

State

IL

Zip Code

60194-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Part-time Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322219

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

James Griseto

Mailing Address 1 Oak Brook Club Dr Apt B201

City

Oak Brook

State

IL

Zip Code

60523-8605

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C321914

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

John Hagenah

Mailing Address 1101 Greenwood Ave.

City

Wilmette

State

IL

Zip Code

60091-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322147

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Hardick

Mailing Address 6025 N Rockwell St

City

Chicago

State

IL

Zip Code

60659-4006

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322217

Amount of Each Receipt this Period

400.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul Harvey

Mailing Address 2994 Grant St

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
UBS

Occupation
Investments

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322847

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Denise Henry

Mailing Address 7400 Park Terrace Dr

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: 01130.C321741

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Joel Hertz

Mailing Address PO Box 467

City

Monticello

State

IL

Zip Code

61856-0467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: C322896

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Heyen

Mailing Address 15528 Route 16

City

Gillespie

State

IL

Zip Code

62033-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322538

Amount of Each Receipt this Period

160.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Jessie Hill

Mailing Address 1924 W. Ashbury Ln.

City

Inverness

State

IL

Zip Code

60067-4796

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: C322900

Amount of Each Receipt this Period

110.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richard Hutchison

Mailing Address 16249 E 350th St

City

Orion

State

IL

Zip Code

61273-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322054

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Hutchison

Mailing Address 16249 E 350th St

City

Orion

State

IL

Zip Code

61273-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322939

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

William Jenks

Mailing Address 607 N Main St

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gartner

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322053

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Calvin Johnson

Mailing Address 15055 W. 139th St.

City

Homer Glen

State

IL

Zip Code

60491

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322115

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ronald Jones

Mailing Address 100 Arboretum Dr

City

North Barrington

State

IL

Zip Code

60010-6591

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Turf and Irrigati-
on

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321635

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Richard Kavanagh

Mailing Address 401 Ashley Dr

City

New Lenox

State

IL

Zip Code

60451-1165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dykema Gossett Reeks Pitts

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322958

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mike Klemm

Mailing Address 6500 Carlisle Bnd

City

Springfield

State

IL

Zip Code

62711-6794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Speakers Bur-
eau

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322061

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mike Klemm

Mailing Address 6500 Carlisle Bnd

City

Springfield

State

IL

Zip Code

62711-6794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Speakers Bur-
eau

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01202.C323064

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Mike Klemm

Mailing Address 6500 Carlisle Bnd

City

Springfield

State

IL

Zip Code

62711-6794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol City Speakers Bur-
eau

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322842

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ronald Kramer

Mailing Address 2970 N Lake Shore Dr Apt 6B

City

Chicago

State

IL

Zip Code

60657-5783

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seyfarth Shaw

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322004

Amount of Each Receipt this Period

110.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Herbert Landers

Mailing Address 309 Pearl Ave.

City

Loves Park

State

IL

Zip Code

61111-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322445

Amount of Each Receipt this Period

130.00

Receipt

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Delbert Leppke

Mailing Address 21 Calvin Cir

City

Evanston

State

IL

Zip Code

60201-1911

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1727.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322819

Amount of Each Receipt this Period

1647.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Edward Mack

Mailing Address 481 Grove St.

City

Glencoe

State

IL

Zip Code

60022-1881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mack & Parker, Inc.

Occupation
Insurance- Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322492

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Edward Mack

Mailing Address 1804 Creekside Ct

City

Darien

State

IL

Zip Code

60561

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322941

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2747.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 534

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

William Manns

Mailing Address PO Box 427

City

Burlington

State

IL

Zip Code

60109

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Charles Trading

Occupation

President and Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: 01130.C321784

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Marsh

Mailing Address 27826 E. 1700 North Rd.

City

Saunemin

State

IL

Zip Code

61769-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Farmer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C321825

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

J. Allen Martin

Mailing Address 10095 Lawyers Rd

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Transaction ID: 01130.C321740

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 534

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

James Matson

Mailing Address 210 Exmoor Ave

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Transaction ID: 01130.C321786

Amount of Each Receipt this Period

8000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George Maze

Mailing Address 1710 2nd St.

City

Peru

State

IL

Zip Code

61354

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Nickeloid

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: C321898

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jonathan McCarthy

Mailing Address 3531 N. Sheffield Ave., Unit 1S

City

Chicago

State

IL

Zip Code

60657

FEC ID number of contributing
federal political committee.

C

Name of Employer
IDEX Corporation

Occupation

Tax manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	1	0

Transaction ID: 01130.C322943

Amount of Each Receipt this Period

300.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Michael McDonnell

Mailing Address 1410 Forest Ave.

City

River Forest

State

IL

Zip Code

60305-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322686

Amount of Each Receipt this Period

70.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John McGovern

Mailing Address 4147 Clausen Ave

City

Western Springs

State

IL

Zip Code

60558-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322906

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Meade

Mailing Address 702 Berry St

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
B*K*S*H & Assoc

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321776

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

345.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 38 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Daniel Meyer

Mailing Address 2506 Duxbury Pl

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Duberstein Group

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: 01130.C321768

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Harvey Miller

Mailing Address 485 East Half Day Rd

City

Buffalo Grove

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322222

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David Mills

Mailing Address 3455 14th Street

City

Moline

State

IL

Zip Code

61265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322929

Amount of Each Receipt this Period

4000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 39 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

John Munger

Mailing Address 14 Dukes Ln

City

Lincolnshire

State

IL

Zip Code

60069-3320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jansson Shupe & Munger Ltd

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322961

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Myers

Mailing Address 4106 Clubhouse Dr

City

Champaign

State

IL

Zip Code

61822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01130.C321774

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John ORourke

Mailing Address 11028 Stanmore Dr

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321779

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Edward D. Oldis

Mailing Address 98 Windmill Road

City

Orland Park

State

IL

Zip Code

60467

FEC ID number of contributing
federal political committee.

C

Name of Employer
A W Chesterton

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322076

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Vesselin Oreshkov

Mailing Address 5200 Eagle Rdg

City

Springfield

State

IL

Zip Code

62711-7812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sang. Assoc. Anesthesiolo-
gist

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C321610

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Peter Orum

Mailing Address P.O. Box 384

City

St. Charles

State

IL

Zip Code

60174-0384

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322404

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Steven Pearson

Mailing Address 1 S 370 Winfield Rd

City

Wheaton

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322043

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Russell Perkinson

Mailing Address PO Box 65

City

Thawville

State

IL

Zip Code

60968-0065

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: 01130.C322440

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Daniel Peterson

Mailing Address 1939 Burr Oak Dr W

City

Glenview

State

IL

Zip Code

60025-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
ZS Associates, Inc.

Occupation

Marketing Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322279

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Christopher Pfaff

Mailing Address 7 Briar Lane

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
UBS

Occupation

Financial Advisor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 1 0

Transaction ID: C322575

Amount of Each Receipt this Period

125.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wilbur Pflum

Mailing Address 117 Eldorado Drive

City

Tuscola

State

IL

Zip Code

61953

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 1 0

Transaction ID: C321816

Amount of Each Receipt this Period

60.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Neil Pobanz

Mailing Address PO Box 32

City

Lacon

State

IL

Zip Code

61540-0032

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Bonanza Society

Occupation

Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Transaction ID: C322155

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

285.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Augustine Ponnezhan

Mailing Address 147 W. Cobblestone Drive

City

Crete

State

IL

Zip Code

60417-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322057

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Powell

Mailing Address 1100 N Edgehill Ct

City

West Peoria

State

IL

Zip Code

61604-5134

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322197

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Linda Powers

Mailing Address 1323 W Pratt Blvd # 3

City

Chicago

State

IL

Zip Code

60626-4336

FEC ID number of contributing
federal political committee.

C

Name of Employer
CNA Corp.

Occupation

Government Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322036

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Thomas Rakow

Mailing Address PO Box 545

2407 Tall Oaks Dr

City

Elgin

State

IL

Zip Code

60121-0545

FEC ID number of contributing
federal political committee.

C

Name of Employer
IHC Construction

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01130.C321785

Amount of Each Receipt this Period

3000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Karl Rauschert

Mailing Address 24 Hillcrest Dr.

City

Bushnell

State

IL

Zip Code

61422-9737

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCP Corp.

Occupation
Manufacturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322317

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Reed

Mailing Address 512 S Highland Ave

City

Champaign

State

IL

Zip Code

61821-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
M.J. Reed Co.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01130.C321772

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Jane Reese

Mailing Address 23976 Stragecoach Road

City

Geneseo

State

IL

Zip Code

61254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322930

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Scott Reichard

Mailing Address 107 Meadow Dr

City

Urbana

State

IL

Zip Code

61801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benefit Planning Consulta-
nts

Occupation

CPA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: 01130.C321773

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Todd Ricketts

Mailing Address 510 Laurel Ave

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ram Investment

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01130.C321705

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Todd Ricketts

Mailing Address 510 Laurel Ave

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ram InvestmentOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322951

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jack Roeser

Mailing Address 522 Lake Shore Dr N

City

Barrington

State

IL

Zip Code

60010-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: C322044

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael Romano

Mailing Address 644 Dalewood Ln

City

Hinsdale

State

IL

Zip Code

60521-4732

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0

Transaction ID: C322058

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

David Ross Gray

Mailing Address 216 Hawley Ln

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
commodities and futures

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322042

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Ryan

Mailing Address 2026 N Newcastle Ave

City

Chicago

State

IL

Zip Code

60707-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
TransUnion LLC

Occupation
VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322059

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Joshua Scheinfeld

Mailing Address 107 South Ave

City

Glencoe

State

IL

Zip Code

60022-1718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Businessman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C323038

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Wilbur Schwark

Mailing Address PO Box 1

City

Bonfield

State

IL

Zip Code

60913-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322234

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Schwermin

Mailing Address 1646 Huntington Ln.

City

Highland Park

State

IL

Zip Code

60035-2714

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01130.C321758

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Irving Seaman

Mailing Address 666 N Sheridan Rd.

City

Lake Forest

State

IL

Zip Code

60045-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322488

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

J. Clayton Shaw

Mailing Address 1400 Paramount Pkwy

City

Batavia

State

IL

Zip Code

60510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322041

Amount of Each Receipt this Period

2000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ann Steffenhagen

Mailing Address 28264 N Gilmer Rd

City

Mundelein

State

IL

Zip Code

60060-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern IL Mack Inc.

Occupation

Clerical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322704

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George Suter

Mailing Address 2580 Greenwood

City

DeKalb

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Sutor Co. Inc

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01130.C321750

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Robert Thrun

Mailing Address 246 Pheasant Lane

City

Bloomington

State

IL

Zip Code

60108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchor Products Company,
Inc

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C323020

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Thrun

Mailing Address 246 Pheasant Lane

City

Bloomington

State

IL

Zip Code

60108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchor Products Company,
Inc

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C323040

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Leonard Tobey

Mailing Address P.O. Box 588

City

Herscher

State

IL

Zip Code

60941-0588

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322542

Amount of Each Receipt this Period

120.00

Receipt

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Irene Tobin

Mailing Address 1410 Sheridian Road

City

Wilmette

State

IL

Zip Code

60091-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322271

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Irene Tobin

Mailing Address 1410 Sheridian Road

City

Wilmette

State

IL

Zip Code

60091-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01130.C321755

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Paul Tucker

Mailing Address 49 Trout Dr.

City

Highland

State

IL

Zip Code

62249-1783

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C322839

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Oleg Vologin

Mailing Address 10050 La Crosse Ave

City

Skokie

State

IL

Zip Code

60077-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Achievement
Ctr

Occupation

Massage Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: C322045

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Oleg Vologin

Mailing Address 10050 La Crosse Ave

City

Skokie

State

IL

Zip Code

60077-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Achievement
Ctr

Occupation

Massage Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C323034

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Oleg Vologin

Mailing Address 10050 La Crosse Ave

City

Skokie

State

IL

Zip Code

60077-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Achievement
Ctr

Occupation

Massage Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322953

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Frank Voris

Mailing Address 103 Fairfax Cir

City

Sugar Grove

State

IL

Zip Code

60554-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: C321904

Amount of Each Receipt this Period

150.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wayne Waggoner

Mailing Address 1616 Cedar St # 19-D
#19-D

City

Lawrenceville

State

IL

Zip Code

62439-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01130.C322647

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Wakefield

Mailing Address 2804 24th St Unit 8

City

Rock Island

State

IL

Zip Code

61201-5360

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired Bank President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322573

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Eileen Weicher

Mailing Address 537 N Euclid Ave

City

Oak Park

State

IL

Zip Code

60302-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 1 0

Transaction ID: 01130.C322949

Amount of Each Receipt this Period

300.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Henry Wheeler

Mailing Address 10 N Mayflower Rd

City

Lake Forest

State

IL

Zip Code

60045-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01130.C322634

Amount of Each Receipt this Period

150.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lorraine Wink

Mailing Address 611 S. Oakland Ave.

City

Villa Park

State

IL

Zip Code

60181-3077

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C322707

Amount of Each Receipt this Period

60.00

Receipt

SUBTOTAL of Receipts This Page (optional)

510.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 534

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Barbara Winterland

Mailing Address 35317 E. 2550 N. Road

City

Colfax

State

IL

Zip Code

61728-7511

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322258

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Samuel Zell

Mailing Address 2 N Riverside Plaza

City

Chicago

State

IL

Zip Code

60606-2600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Equity Group Investments,
LLC

Occupation

Chairman of the Board

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: C322304

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

82052.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St., S.E.

City

Washington

State

DC

Zip Code

20003-1801

FEC ID number of contributing
federal political committee.

C

C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475527.43

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 1 0

Transaction ID: C322857

Amount of Each Receipt this Period

181200.00

Transfers From Affil./Aut-
h.

B.

Full Name (Last, First, Middle Initial)

Target State Victory Fund

Mailing Address 228 S Washington St
Ste 115

City

Alexandria

State

VA

Zip Code

22314-

FEC ID number of contributing
federal political committee.

C

C00487512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58907.66

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 1 0

Transaction ID: C321793

Amount of Each Receipt this Period

42885.98

Transfers From Affil./Aut-
h.

C.

Full Name (Last, First, Middle Initial)

David Franasiak

Mailing Address 873 Coach Way

City

Annapolis

State

MD

Zip Code

21401-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Williams & Jensen, PLLCOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323071

Amount of Each Receipt this Period

333.33

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

SUBTOTAL of Receipts This Page (optional)

224085.98

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

George Vradenburg

Mailing Address 2901 Woodland Drive NW

City

Washington

State

DC

Zip Code

20008-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vradenburg FoundationOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 01202.C323087

Amount of Each Receipt this Period

1000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

B.

Full Name (Last, First, Middle Initial)

KOCHPAC

Mailing Address 600 14th Street NW
Suite 800

City

Washington

State

DC

Zip Code

20005-

FEC ID number of contributing
federal political committee.

C

C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 01202.C323077

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

C.

Full Name (Last, First, Middle Initial)

PriceWaterhouseCoopers PAC

Mailing Address 1301 K Street NW
Suite 800 West

City

Washington

State

DC

Zip Code

20005-

FEC ID number of contributing
federal political committee.

C

C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	1	0

Transaction ID: 01202.C323093

Amount of Each Receipt this Period

1071.43

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
American Assoc. Of Orthopedic Surgeons

Mailing Address 317 Massachusetts Ave. NE

City State Zip Code
Washington DC 20002-

FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323072

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

B.

Full Name (Last, First, Middle Initial)
Psychiatric Solutions Inc, PAC

Mailing Address 6640 Caruthers Parkway
Suite 500

City State Zip Code
Franklin TN 37067-

FEC ID number of contributing
federal political committee.

C C00407684

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323075

Amount of Each Receipt this Period

1100.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

C.

Full Name (Last, First, Middle Initial)
American Health Care Association Pac

Mailing Address 1201 L Street NW

City State Zip Code
Washington DC 20005-

FEC ID number of contributing
federal political committee.

C C00006080

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323073

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Freedom Fund

Mailing Address 701 8th Street NW
Suite 500

City State Zip Code
Washington DC 20001-

FEC ID number of contributing
federal political committee.

C C00390674

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3571.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323080

Amount of Each Receipt this Period

3571.43

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

B.

Full Name (Last, First, Middle Initial)

International Franchise Association

Mailing Address 1501 K Street NW
Suite 350

City State Zip Code
Washington DC 20005-

FEC ID number of contributing
federal political committee.

C C00084491

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323076

Amount of Each Receipt this Period

1071.43

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

C.

Full Name (Last, First, Middle Initial)

TBA Bank Pac

Mailing Address 203 W. 10th Street

City State Zip Code
Austin TX 78701-

FEC ID number of contributing
federal political committee.

C C00196444

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323078

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Alamo Pac

Mailing Address 919 Congress Avenue
Suite 1400

City State Zip Code
Austin TX 78701-

FEC ID number of contributing
federal political committee.

C C00387464

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.15

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323079

Amount of Each Receipt this Period

3846.15

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

B.

Full Name (Last, First, Middle Initial)

Altria Group, Inc.

Mailing Address 101 Constitution Avenue NW

City State Zip Code
Washington DC 20001-

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.72

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323090

Amount of Each Receipt this Period

285.72

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

C.

Full Name (Last, First, Middle Initial)

Heartland Values PAC

Mailing Address P.O. Box 505

City State Zip Code
Sioux Falls SD 57101-

FEC ID number of contributing
federal political committee.

C C00409003

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.33

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323083

Amount of Each Receipt this Period

2083.33

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Independent Insurance Agents&Brokers

Mailing Address 412 First Street SE
Suite 300

City State Zip Code
Washington DC 20003-

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323084

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

B.

Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Mailing Address 1401 H Street NW
Suite 1200

City State Zip Code
Washington DC 20005-

FEC ID number of contributing
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323085

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

C.

Full Name (Last, First, Middle Initial)
Corinthian Colleges, Inc.

Mailing Address 6 Hulton Centre Drive
Suite 400

City State Zip Code
Santa Ana CA 92707-

FEC ID number of contributing
federal political committee.

C C00357640

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323082

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

McGuireWoods Federal PAC Fund

Mailing Address One James Cener
901 East Cary Street

City State Zip Code
Richmond VA 23219-

FEC ID number of contributing
federal political committee.

C C00225342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323086

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

B.

Full Name (Last, First, Middle Initial)

Making Business Excel PAC

Mailing Address P.O. Box 3241

City State Zip Code
Cheyenne WY 82003-

FEC ID number of contributing
federal political committee.

C C00392134

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1428.57

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323088

Amount of Each Receipt this Period

1428.57

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

C.

Full Name (Last, First, Middle Initial)

Glaxosmithkline PAC

Mailing Address 5 Moore Drive

City State Zip Code
Durham NC 27709-

FEC ID number of contributing
federal political committee.

C C00199703

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323091

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

National Association of Home Builders

Mailing Address 1201 15th Street NW

City

Washington

State

DC

Zip Code

20005-

FEC ID number of contributing
federal political committee.

C

C30001366

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323089

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

B.

Full Name (Last, First, Middle Initial)

KPMG PAC

Mailing Address P.O. Box 18254

City

Washington

State

DC

Zip Code

20036-

FEC ID number of contributing
federal political committee.

C

C00280222

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1071.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323092

Amount of Each Receipt this Period

1071.43

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

C.

Full Name (Last, First, Middle Initial)

Medco Health Pac

Mailing Address 2350 Kerner Blvd
Suite 250

City

San Rafael

State

CA

Zip Code

94901-

FEC ID number of contributing
federal political committee.

C

C00384362

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323074

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory Fund

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Assoc.Of Private Section Colleges & Univ

Mailing Address 1101 Connecticut Ave. NW
Suite 900

City State Zip Code
Washington DC 20036-

FEC ID number of contributing
federal political committee.

C C00213066

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 01202.C323081

Amount of Each Receipt this Period

357.14

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

B.

Full Name (Last, First, Middle Initial)
Target State Victory Fund

Mailing Address 228 S Washington St
Ste 115

City State Zip Code
Alexandria VA 22314-

FEC ID number of contributing
federal political committee.

C C00487512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72940.28

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C322305

Amount of Each Receipt this Period

14032.62

Transfers From Affil./Aut-
h.

C.

Full Name (Last, First, Middle Initial)
Nancy Hiles

Mailing Address 2505 N. State Highway 360
Suite 800

City State Zip Code
Grand Prairie TX 75050-

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C323062

Amount of Each Receipt this Period

325.00

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

SUBTOTAL of Receipts This Page (optional)

14032.62

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Marcus Hiles

Mailing Address 2505 N. State Highway 360
Suite 800City State Zip Code
Grand Prairie TX 75050-FEC ID number of contributing
federal political committee.**C**Name of Employer
Western Rim Property Serv-
icesOccupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: C323061

Amount of Each Receipt this Period

325.00

Transfer Memo

[MEMO ITEM]MEMO: Targt.State Victory
Fund**B.**

Full Name (Last, First, Middle Initial)

Bluegrass Committee

Mailing Address 228 S. Washington Street
Suite 115City State Zip Code
Alexandria VA 22314-FEC ID number of contributing
federal political committee.**C** C00235655

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: C323058

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]MEMO: Targt.State Victory
Fund**C.**

Full Name (Last, First, Middle Initial)

Republican Majority Fund

Mailing Address P.O. Box 144
Suite 300City State Zip Code
Alexandria VA 22313-FEC ID number of contributing
federal political committee.**C** C00296640

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	1	0

Transaction ID: C323063

Amount of Each Receipt this Period

5000.00

Transfer Memo

[MEMO ITEM]MEMO: Targt.State Victory
Fund**SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

21st Century Majority Fund

Mailing Address 6065 Roswell Road
P.O. Box 2274

City State Zip Code
Atlanta GA 30328-

FEC ID number of contributing
federal political committee.

C C00361956

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3571.43

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: C323060

Amount of Each Receipt this Period

3571.43

Transfer Memo

[MEMO ITEM]

MEMO: Targt.State Victory
Fund

B.

Full Name (Last, First, Middle Initial)

Schock Victory Committee

Mailing Address 264 N Lumpkin St

City State Zip Code
Athens GA 30601-2832

FEC ID number of contributing
federal political committee.

C C00469395

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15549.23

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01130.C321766

Amount of Each Receipt this Period

15549.23

Transfers From Affil./Aut-
h.

C.

Full Name (Last, First, Middle Initial)

Michael Stone

Mailing Address 142 W Detweiller Dr

City State Zip Code
Peoria IL 61615-

FEC ID number of contributing
federal political committee.

C

Name of Employer

RU

Occupation

Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01202.C323067

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

SUBTOTAL of Receipts This Page (optional)

15549.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Rebecca Frye

Mailing Address 112 Fawn Ct.

City

Washington

State

IL

Zip Code

61571-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Agri-Business Solutions

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01202.C323065

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

B.

Full Name (Last, First, Middle Initial)

Douglas Oberhelman

Mailing Address 6000 N. Kickapoo Edwards Rd

City

Edwards

State

IL

Zip Code

61528-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Caterpillar, Inc.

Occupation

Group President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: 01202.C323066

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

C.

Full Name (Last, First, Middle Initial)

Schock Victory Committee

Mailing Address 264 N Lumpkin St

City

Athens

State

GA

Zip Code

30601-2832

FEC ID number of contributing
federal political committee.

C

C00469395

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18563.72

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01130.C321765

Amount of Each Receipt this Period

3014.49

Transfers From Affil./Aut-
h.

SUBTOTAL of Receipts This Page (optional)

3014.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 534

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Delores Blandow

Mailing Address P.O. Box 510965

City

Key Colony Beach

State

FL

Zip Code

33051-

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01202.C323070

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

B.

Full Name (Last, First, Middle Initial)

Rita Kress

Mailing Address 16600 W. Brimfield Jubilee Rd.

City

Brimfield

State

IL

Zip Code

61517-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kress Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01202.C323069

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

C.

Full Name (Last, First, Middle Initial)

Mark Petersen

Mailing Address 830 W. Trailcreek Dr.

City

Peoria

State

IL

Zip Code

61614-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Petersen Healthcare

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01202.C323068

Amount of Each Receipt this Period

2400.00

Transfer Memo

[MEMO ITEM]

MEMO: Schock Victory Comm-
ittee

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

256682.32

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 534

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	-------------------------------------	----

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Illinois Republican Party

Mailing Address LEVIN ACCOUNT

205 W. Randolph Street, #1245

City

Chicago

State

IL

Zip Code

60606-

FEC ID number of contributing
federal political committee.**C**

C00005926

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: C322933

Amount of Each Receipt this Period

5000.00

Other Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 534

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 American Express Establishment Services

Mailing Address P.O. Box 53852

City State Zip Code
 Phoenix AZ 85072-

Purpose of Disbursement
 Credit Card Processing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

CREDIT CARD PROCESSING

B. Full Name (Last, First, Middle Initial)
 Angelos Pizza

Mailing Address 1003 Curtiss Street

City State Zip Code
 Downers Grove IL 60515-

Purpose of Disbursement
 Food & Beverages for Volunteers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

567.68

FOOD & BEVERAGES FOR VOLU-
 NTEERS

C. Full Name (Last, First, Middle Initial)
 Jonathan Blessing

Mailing Address 1518 N Sedgwick St Unit B
 Unit B

City State Zip Code
 Chicago IL 60610-1223

Purpose of Disbursement
 Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24426

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.50

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

606.13

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Jonathan Blessing	Transaction ID: 01130.E24427 Date of Disbursement																				
Mailing Address 1518 N Sedgwick St Unit B Unit B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Chicago State IL Zip Code 60610-1223	Amount of Each Disbursement this Period																				
Purpose of Disbursement Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">12.00</td> </tr> </table>	12.00																			
12.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type TRAVEL REIMBURSEMENT																					
B. Full Name (Last, First, Middle Initial) Jonathan Blessing	Transaction ID: 01130.E24429 Date of Disbursement																				
Mailing Address 1518 N Sedgwick St Unit B Unit B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Chicago State IL Zip Code 60610-1223	Amount of Each Disbursement this Period																				
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<table border="1"> <tr> <td colspan="10">519.08</td> </tr> </table>	519.08																			
519.08																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type REIMBURSEMENT: SEE BELOW																					
C. Full Name (Last, First, Middle Initial) Costco	Transaction ID: 10304.E24841 Date of Disbursement																				
Mailing Address 2746 N. Clyborn Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Chicago State IL Zip Code 60614-	Amount of Each Disbursement this Period																				
Purpose of Disbursement MEMO: Food & Beverage Reimb. Candidate Name	<table border="1"> <tr> <td colspan="10">380.38</td> </tr> </table>	380.38																			
380.38																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type [MEMO ITEM] MEMO: MEMO: FOOD & BEVERAGE REIMB.																					

SUBTOTAL of Disbursements This Page (optional)

531.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Ginos East

Mailing Address 2801 N. Lincoln Ave.

City Chicago State IL Zip Code 60657-

Purpose of Disbursement
FOOD & BEVG. REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24842

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

45.44

[MEMO ITEM]

MEMO: FOOD & BEVG. REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)

Grand River

Mailing Address 3032 N. Lincoln Ave.

City Chicago State IL Zip Code 60657-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24843

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

93.26

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Jonathan Blessing

Mailing Address 1518 N Sedgwick St Unit B
Unit B

City Chicago State IL Zip Code 60610-1223

Purpose of Disbursement
37 Signals Database Mgmt

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24428

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

49.00

37 SIGNALS DATABASE MGMT

SUBTOTAL of Disbursements This Page (optional)

49.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Jonathan Blessing

Mailing Address 1518 N Sedgwick St Unit B
Unit B

City Chicago State IL Zip Code 60610-1223

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24478

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

958.26

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Taco Fresco

Mailing Address 218 South Clark

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24845

Date of Disbursement

10 / 23 / 2010

Amount of Each Disbursement this Period

197.46

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)
La Scarola

Mailing Address 721 W. Grand Avenue

City Chicago State IL Zip Code 60654-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24846

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

113.50

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

958.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Bricks Pizza

Mailing Address 1909 N. Lincoln Ave. #1

City Chicago State IL Zip Code 60614-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10315.E24847

Date of Disbursement

10 / 09 / 2010

Amount of Each Disbursement this Period

43.25

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)
Sarpinos Pizza

Mailing Address 627 W. Lake St.

City Chicago State IL Zip Code 60661-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10315.E24848

Date of Disbursement

10 / 05 / 2010

Amount of Each Disbursement this Period

33.90

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)
Sarpinos Pizza

Mailing Address 627 W. Lake St.

City Chicago State IL Zip Code 60661-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10315.E24849

Date of Disbursement

10 / 09 / 2010

Amount of Each Disbursement this Period

60.76

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks Mailing Address 255 East Grand Ave.	Transaction ID: 10315.E24850 Date of Disbursement <div> <div>09</div> <div>18</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60611- Purpose of Disbursement BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>69.55</div> [MEMO ITEM] MEMO: BEVERAGE REIMB.
B. Full Name (Last, First, Middle Initial) Costco Mailing Address 2746 N. Clyborn Avenue City Chicago State IL Zip Code 60614- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10315.E24851 Date of Disbursement <div> <div>08</div> <div>24</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>252.67</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
C. Full Name (Last, First, Middle Initial) Tesa Mailing Address 464 N. Halsted St. City Chicago State IL Zip Code 60622- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10315.E24852 Date of Disbursement <div> <div>10</div> <div>08</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>77.29</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Mazas	Transaction ID: 10315.E24853 Date of Disbursement																				
Mailing Address 2748 N. Lincoln Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Chicago State IL Zip Code 60614-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD REIMB.	<table border="1"> <tr> <td colspan="10">50.60</td> </tr> </table>	50.60																			
50.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) La Scarola	Transaction ID: 10315.E24854 Date of Disbursement																				
Mailing Address 721 W. Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	1	0												
City Chicago State IL Zip Code 60654-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">59.28</td> </tr> </table>	59.28																			
59.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jonathan Blessing	Transaction ID: 01130.E24477 Date of Disbursement																				
Mailing Address 1518 N Sedgwick St Unit B Unit B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60610-1223	Amount of Each Disbursement this Period																				
Purpose of Disbursement 37 Signals Database Mgmt	<table border="1"> <tr> <td colspan="10">49.00</td> </tr> </table>	49.00																			
49.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

49.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Blue Sky Aero Inc.

Mailing Address 9980 N. Rt. 47

City Morris State IL Zip Code 60450-

Purpose of Disbursement
Transportation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24376

Date of Disbursement

/ /

Amount of Each Disbursement this Period

757.60

TRANSPORTATION

B.

Full Name (Last, First, Middle Initial)
Certegey Merchant Relations

Mailing Address P.O. Box 30070 TA-02

City Tampa State FL Zip Code 33630-

Purpose of Disbursement
Credit Card Processing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24372

Date of Disbursement

/ /

Amount of Each Disbursement this Period

114.37

CREDIT CARD PROCESSING

C.

Full Name (Last, First, Middle Initial)
Certegey Merchant Relations

Mailing Address P.O. Box 30070 TA-02

City Tampa State FL Zip Code 33630-

Purpose of Disbursement
Credit Card Processing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

70.97

CREDIT CARD PROCESSING

SUBTOTAL of Disbursements This Page (optional)

942.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Citizens for Bill Brady

Mailing Address PO Box 5314

City Bloomington State IL Zip Code 61702-5314

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24468

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1200.00

RENT

B.

Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address P.O. Box 3001

City Southeastern State PA Zip Code 19398-

Purpose of Disbursement
Cable Television

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24284

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1175.72

CABLE TELEVISION

C.

Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address P.O. Box 3001

City Southeastern State PA Zip Code 19398-

Purpose of Disbursement
Cable Television

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24574

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

588.15

CABLE TELEVISION

SUBTOTAL of Disbursements This Page (optional)

2963.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 79 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Comcast Cable Mailing Address P.O. Box 3001	Transaction ID: 01130.E24573 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2010</div> </div>
City Southeastern State PA Zip Code 19398- Purpose of Disbursement Cable Television Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>211.07</div> CABLE TELEVISION
B. Full Name (Last, First, Middle Initial) Comcast Cable Mailing Address P.O. Box 3001 City Southeastern State PA Zip Code 19398- Purpose of Disbursement Comcast Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24575 Date of Disbursement <div>11</div> <div>15</div> <div>2010</div> Amount of Each Disbursement this Period <div>579.57</div> COMCAST CABLE
C. Full Name (Last, First, Middle Initial) Commonwealth Edison Mailing Address P.O. Box 6111 City Carol Stream State IL Zip Code 60197- Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24576 Date of Disbursement <div>11</div> <div>15</div> <div>2010</div> Amount of Each Disbursement this Period <div>430.72</div> UTILITIES

SUBTOTAL of Disbursements This Page (optional)

1221.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement
Mileage Reimbursement
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24213
Date of Disbursement

/ /

Amount of Each Disbursement this Period

692.00

MILEAGE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)
Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24214
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1453.21

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Double Tree Hotel

Mailing Address 1909 Spring Rd

City Oak Brook State IL Zip Code 60523-3906

Purpose of Disbursement
HOTEL REIMB.
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10315.E24855
Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]
MEMO: HOTEL REIMB.

SUBTOTAL of Disbursements This Page (optional)

2145.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Holiday Inn

Mailing Address 350 W. Mart Center Drive

City Chicago State IL Zip Code 60654-

Purpose of Disbursement
HOTEL REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24856

Date of Disbursement

/ /

Amount of Each Disbursement this Period

305.82

[MEMO ITEM]

MEMO: HOTEL REIMB.

B.

Full Name (Last, First, Middle Initial)
Holiday Inn Express

Mailing Address 640 N. Wabash Avenue

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
HOTEL REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24857

Date of Disbursement

/ /

Amount of Each Disbursement this Period

394.67

[MEMO ITEM]

MEMO: HOTEL REIMB.

C.

Full Name (Last, First, Middle Initial)
Randolph Wells Self Parking

Mailing Address 200 W. Randolph St.

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24858

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 82 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Randolph Wells Self Parking

Mailing Address 200 W. Randolph St.

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24859

Date of Disbursement

10 / 01 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

B.

Full Name (Last, First, Middle Initial)

Randolph Wells Self Parking

Mailing Address 200 W. Randolph St.

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24860

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

C.

Full Name (Last, First, Middle Initial)

Holiday Inn

Mailing Address 350 W. Mart Center Drive

City Chicago State IL Zip Code 60654-

Purpose of Disbursement
HOTEL REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24861

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

192.72

[MEMO ITEM]

MEMO: HOTEL REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Curt Conrad	Transaction ID: 01130.E24293 Date of Disbursement																				
Mailing Address 2704 Cronin Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Springfield State IL Zip Code 62711-7083	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mileage Reimbursement Candidate Name	<table border="1"> <tr> <td>6</td><td>0</td><td>7</td><td>.</td><td>0</td><td>0</td> </tr> </table>	6	0	7	.	0	0														
6	0	7	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MILEAGE REIMBURSEMENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Curt Conrad	Transaction ID: 01130.E24295 Date of Disbursement																				
Mailing Address 2704 Cronin Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Springfield State IL Zip Code 62711-7083	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telephone Expense Candidate Name	<table border="1"> <tr> <td>1</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	0	0	.	0	0														
1	0	0	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	TELEPHONE EXPENSE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Curt Conrad	Transaction ID: 01130.E24294 Date of Disbursement																				
Mailing Address 2704 Cronin Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Springfield State IL Zip Code 62711-7083	Amount of Each Disbursement this Period																				
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<table border="1"> <tr> <td>9</td><td>1</td><td>5</td><td>.</td><td>4</td><td>9</td> </tr> </table>	9	1	5	.	4	9														
9	1	5	.	4	9																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	REIMBURSEMENT: SEE BELOW																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1622.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Holiday Inn Express

Mailing Address 640 N. Wabash Avenue

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
HOTEL REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24862

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

197.34

[MEMO ITEM]

MEMO: HOTEL REIMB.

B.

Full Name (Last, First, Middle Initial)

Randolph Wells Self Parking

Mailing Address 200 W. Randolph St.

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24863

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

31.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

C.

Full Name (Last, First, Middle Initial)

Ontario Garage

Mailing Address 10 E. Ontario

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24864

Date of Disbursement

10 / 11 / 2010

Amount of Each Disbursement this Period

34.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Randolph Wells Self Parking	Transaction ID: 10315.E24865 Date of Disbursement																				
Mailing Address 200 W. Randolph St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	2		2	0	1	0												
City Chicago State IL Zip Code 60606-	Amount of Each Disbursement this Period																				
Purpose of Disbursement PARKING GARAGE REIMB.	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Holiday Inn	Transaction ID: 10315.E24866 Date of Disbursement																				
Mailing Address 205 Remington Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Bolingbrook State IL Zip Code 60440-	Amount of Each Disbursement this Period																				
Purpose of Disbursement HOTEL REIMB.	<table border="1"> <tr> <td colspan="10">199.47</td> </tr> </table>	199.47																			
199.47																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Holiday Inn	Transaction ID: 10315.E24867 Date of Disbursement																				
Mailing Address 350 W. Mart Center Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City Chicago State IL Zip Code 60654-	Amount of Each Disbursement this Period																				
Purpose of Disbursement HOTEL REIMB.	<table border="1"> <tr> <td colspan="10">402.68</td> </tr> </table>	402.68																			
402.68																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 86 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Randolph Wells Self Parking

Mailing Address 200 W. Randolph St.

City
Chicago

State
IL

Zip Code
60606-

Purpose of Disbursement
PARKING GARAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24868

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

31.00

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-B.

B.

Full Name (Last, First, Middle Initial)

Curt Conrad

Mailing Address 2704 Cronin Dr

City
Springfield

State
IL

Zip Code
62711-7083

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24382

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

2195.80

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

English Bar & Restaurant

Mailing Address 444 N. LaSalle Dr.

City
Chicago

State
IL

Zip Code
60654-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24869

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1773.54

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-MB.

SUBTOTAL of Disbursements This Page (optional)

2195.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Illinois Republican Party

Mailing Address Cole Taylor Federal Account
 205 W. Randolph

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
 MILEAGE REIMB.

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24870

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.00

[MEMO ITEM]

MEMO: MILEAGE REIMB.

B.

Full Name (Last, First, Middle Initial)
 Illinois Republican Party

Mailing Address Cole Taylor Federal Account
 205 W. Randolph

City Chicago State IL Zip Code 60606-

Purpose of Disbursement
 MILEAGE REIMB.

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24871

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.00

[MEMO ITEM]

MEMO: MILEAGE REIMB.

C.

Full Name (Last, First, Middle Initial)
 Ontario Garage

Mailing Address 10 E. Ontario

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
 PARKING GARAGE REIMB.

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24872

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.26

[MEMO ITEM]

MEMO: PARKING GARAGE REIM-
 B.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 88 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Cook County Republican Party

Mailing Address 10548 Roberts Road

City Palos Hills State IL Zip Code 60465-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24470

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RENT

B.

Full Name (Last, First, Middle Initial)
Cook County Republican Party

Mailing Address 10548 Roberts Road

City Palos Hills State IL Zip Code 60465-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RENT

C.

Full Name (Last, First, Middle Initial)
Cook County Republican Party

Mailing Address 10548 Roberts Road

City Palos Hills State IL Zip Code 60465-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24515

Date of Disbursement

/ /

Amount of Each Disbursement this Period

RENT

SUBTOTAL of Disbursements This Page (optional)

5800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 89 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24432 Date of Disbursement
Mailing Address 25 W 306 Highview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period
Purpose of Disbursement Food & Beverage Reimbursement	<div>432.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FOOD & BEVERAGE REIMBURSEMENT
B. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24431 Date of Disbursement
Mailing Address 25 W 306 Highview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period
Purpose of Disbursement Mileage Reimbursement	<div>24.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MILEAGE REIMBURSEMENT
C. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24433 Date of Disbursement
Mailing Address 25 W 306 Highview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Reimbursement	<div>17.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

473.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
DC Consulting

Mailing Address 25 W 306 Highview Drive

City Naperville State IL Zip Code 60563-

Purpose of Disbursement
WebsitesNetwk CablesAdaptersTape

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24434

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

256.24

WEBSITESNETWK CABLESADAPT-
ERSTAPE

B.

Full Name (Last, First, Middle Initial)
T. Braxton Denton

Mailing Address 2029 Carl Sandburg Ln. Apt 1

City Springfield State IL Zip Code 62703-5491

Purpose of Disbursement
Food & Beverage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24438

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

190.77

FOOD & BEVERAGE REIMBURSE-
MENT

C.

Full Name (Last, First, Middle Initial)
T. Braxton Denton

Mailing Address 2029 Carl Sandburg Ln. Apt 1

City Springfield State IL Zip Code 62703-5491

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24437

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

83.45

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

530.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) T. Braxton Denton	Transaction ID: 01130.E24490 Date of Disbursement																				
Mailing Address 2029 Carl Sandburg Ln. Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Springfield State IL Zip Code 62703-5491	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">369.13</td> </tr> </table>	369.13																			
369.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FOOD & BEVERAGE REIMBURSEMENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Eric Di Silvestro	Transaction ID: 01130.E24543 Date of Disbursement																				
Mailing Address 1510 N Bosworth Ave Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Chicago State IL Zip Code 60642-7612	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">261.68</td> </tr> </table>	261.68																			
261.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FOOD & BEVERAGE REIMBURSEMENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Downers Grove Twp Rep. Organization	Transaction ID: 01130.E24467 Date of Disbursement																				
Mailing Address 137 Iris Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Darien State IL Zip Code 60561-3966	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rent Candidate Name	<table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	600.00																			
600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	RENT																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1230.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) EDonation 1 Account	Transaction ID: 01201.E24663 Date of Disbursement
Mailing Address 118 N. Saint Asaph St.	<div> <div>10</div> <div>18</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement Party Fundraising Internet Candidate Name	<div>298.54</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CATEGORY/TYPE: PARTY FUNDRAISING INTERNET	
B. Full Name (Last, First, Middle Initial) EDonation 1 Account	Transaction ID: 01130.E24659 Date of Disbursement
Mailing Address 118 N. Saint Asaph St.	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement Party Fundraising Internet Candidate Name	<div>1751.80</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CATEGORY/TYPE: PARTY FUNDRAISING INTERNET	
C. Full Name (Last, First, Middle Initial) EDonation 1 Account	Transaction ID: 01201.E24664 Date of Disbursement
Mailing Address 118 N. Saint Asaph St.	<div> <div>11</div> <div>10</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement Party Fundraising Internet Candidate Name	<div>1132.70</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
CATEGORY/TYPE: PARTY FUNDRAISING INTERNET	

SUBTOTAL of Disbursements This Page (optional)

3183.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Anthony Esposito

Mailing Address 1620 Hintz Ln Apt 2B
Apt 2B

City Wheeling State IL Zip Code 60090-5266

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24485

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1093.66

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)

Pizanos Pizza

Mailing Address 864 N. State Street

City Chicago State IL Zip Code 60610-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24873

Date of Disbursement

10 / 02 / 2010

Amount of Each Disbursement this Period

40.91

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Dominicks

Mailing Address 255 East Grand Ave.

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24874

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

43.66

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

1093.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10315.E24875 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">33.72</td> </tr> </table>	33.72																			
33.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10315.E24876 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">20.63</td> </tr> </table>	20.63																			
20.63																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Northbrook Convn. Store	Transaction ID: 10315.E24877 Date of Disbursement																				
Mailing Address 2766 Dundee Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">50.21</td> </tr> </table>	50.21																			
50.21																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks Mailing Address 4125 Dundee Rd.	Transaction ID: 10315.E24878 Date of Disbursement <div> <div>10</div> <div>09</div> <div>2010</div> </div>
City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>56.52</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
B. Full Name (Last, First, Middle Initial) Dominos Mailing Address 1022 Waukegan Rd.	Transaction ID: 10315.E24879 Date of Disbursement <div> <div>10</div> <div>12</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>27.18</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
C. Full Name (Last, First, Middle Initial) Panda Express Mailing Address 300 E. Dundee Road.	Transaction ID: 10315.E24880 Date of Disbursement <div> <div>10</div> <div>14</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>26.48</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 96 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10315.E24881 Date of Disbursement																				
Mailing Address 4125 Dundee Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">17.46</td> </tr> </table>	17.46																			
17.46																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: 10315.E24882 Date of Disbursement																				
Mailing Address 1975 Cherry Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD REIMB.	<table border="1"> <tr> <td colspan="10">9.07</td> </tr> </table>	9.07																			
9.07																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10315.E24883 Date of Disbursement																				
Mailing Address 4125 Dundee Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">112.11</td> </tr> </table>	112.11																			
112.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 97 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10315.E24884 Date of Disbursement																				
Mailing Address 4125 Dundee Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">40.04</td> </tr> </table>	40.04																			
40.04																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.																					
B. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10315.E24885 Date of Disbursement																				
Mailing Address 4125 Dundee Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	0		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">8.73</td> </tr> </table>	8.73																			
8.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.																					
C. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10315.E24886 Date of Disbursement																				
Mailing Address 4125 Dundee Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">122.22</td> </tr> </table>	122.22																			
122.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
[MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.																					

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 98 / 534

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks Mailing Address 4125 Dundee Rd.	Transaction ID: 10315.E24887 Date of Disbursement <div> <div>10</div> <div>23</div> <div>2010</div> </div>
City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>76.32</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
B. Full Name (Last, First, Middle Initial) Dominos Mailing Address 1022 Waukegan Rd.	Transaction ID: 10315.E24888 Date of Disbursement <div> <div>10</div> <div>16</div> <div>2010</div> </div>
City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>27.18</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
C. Full Name (Last, First, Middle Initial) Dominos Mailing Address 1022 Waukegan Rd.	Transaction ID: 10315.E24889 Date of Disbursement <div> <div>10</div> <div>18</div> <div>2010</div> </div>
City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>23.63</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 99 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24890

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

23.63

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

B.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24891

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

31.18

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

C.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10315.E24892

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

23.63

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Buffalo Wild Wings	Transaction ID: 10315.E24893 Date of Disbursement																				
Mailing Address 1018 Willow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">41.72</td> </tr> </table>	41.72																			
41.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Buffalo Wild Wings	Transaction ID: 10315.E24894 Date of Disbursement																				
Mailing Address 1018 Willow Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">95.35</td> </tr> </table>	95.35																			
95.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: 10315.E24895 Date of Disbursement																				
Mailing Address 8315 West Golf Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Niles State IL Zip Code 60714-	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES REIMB.	<table border="1"> <tr> <td colspan="10">71.13</td> </tr> </table>	71.13																			
71.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24959

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

20.63

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

B.

Full Name (Last, First, Middle Initial)
Dominicks

Mailing Address 4125 Dundee Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24960

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

50.32

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

C.

Full Name (Last, First, Middle Initial)
Anthony Esposito

Mailing Address 1620 Hintz Ln Apt 2B
Apt 2B

City Wheeling State IL Zip Code 60090-5266

Purpose of Disbursement
Toilettrees and Whiteboard

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24486

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

41.81

TOILETTREES AND WHITEBOARD

SUBTOTAL of Disbursements This Page (optional)

41.81

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Anthony Esposito	Transaction ID: 01130.E24538 Date of Disbursement																				
Mailing Address 1620 Hintz Ln Apt 2B Apt 2B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Wheeling State IL Zip Code 60090-5266	Amount of Each Disbursement this Period																				
Purpose of Disbursement ToiletreesCupsPlatesNapkins Candidate Name	<table border="1"> <tr> <td colspan="10">171.30</td> </tr> </table>	171.30																			
171.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type TOILETREESCUPSPLATESNAPKINS																					
B. Full Name (Last, First, Middle Initial) Anthony Esposito	Transaction ID: 01130.E24537 Date of Disbursement																				
Mailing Address 1620 Hintz Ln Apt 2B Apt 2B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Wheeling State IL Zip Code 60090-5266	Amount of Each Disbursement this Period																				
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<table border="1"> <tr> <td colspan="10">1076.19</td> </tr> </table>	1076.19																			
1076.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type REIMBURSEMENT: SEE BELOW																					
C. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10316.E24896 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	1		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	<table border="1"> <tr> <td colspan="10">17.09</td> </tr> </table>	17.09																			
17.09																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type [MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.																					

SUBTOTAL of Disbursements This Page (optional)

1247.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10316.E24897 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">17.09</td> </tr> </table>	17.09																			
17.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10316.E24898 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">37.72</td> </tr> </table>	37.72																			
37.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Dominos	Transaction ID: 10316.E24899 Date of Disbursement																				
Mailing Address 1022 Waukegan Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	1	0												
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td colspan="10">38.72</td> </tr> </table>	38.72																			
38.72																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24900

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

31.18

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24901

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

46.26

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Dominos

Mailing Address 1022 Waukegan Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24902

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

37.72

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Greek Feast	Transaction ID: 10316.E24903 Date of Disbursement
Mailing Address 2784 Dundee Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 1 0</div> </div>
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	<div> <div>21.26</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
B. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10316.E24904 Date of Disbursement
Mailing Address 4125 Dundee Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 1 0</div> </div>
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	<div> <div>71.02</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
C. Full Name (Last, First, Middle Initial) Dominicks	Transaction ID: 10316.E24905 Date of Disbursement
Mailing Address 4125 Dundee Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 5 / 2 0 1 0</div> </div>
City Northbrook State IL Zip Code 60062-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	<div> <div>29.47</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Dominicks

Mailing Address 4125 Dundee Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24907

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

44.18

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)
Dominicks

Mailing Address 4125 Dundee Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24908

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

27.36

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)
Dominicks

Mailing Address 4125 Dundee Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24909

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

95.33

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Dominicks Mailing Address 4125 Dundee Rd.	Transaction ID: 10316.E24910 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div>
City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>64.44</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
B. Full Name (Last, First, Middle Initial) Walgreens Mailing Address 1975 Cherry Lane City Northbrook State IL Zip Code 60062- Purpose of Disbursement SUPPLIES: MARKERS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10316.E24911 Date of Disbursement <div> <div>10</div> <div>27</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>6.54</div> [MEMO ITEM] MEMO: SUPPLIES: MARKERS
C. Full Name (Last, First, Middle Initial) Jakes Pizza Mailing Address 2722 Dundee Road City Northbrook State IL Zip Code 60062- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10316.E24912 Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>59.98</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Jakes Pizza

Mailing Address 2722 Dundee Road

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24913

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

59.98

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address 499 Lake Cook Road

City Deerfield State IL Zip Code 60015-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24914

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

19.28

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Sandwiches Subway

Mailing Address 300 Skokie Blvd. #C

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24916

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

54.63

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Sandwiches Subway

Mailing Address 300 Skokie Blvd. #C

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24917

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.55

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

B.

Full Name (Last, First, Middle Initial)
 Buffalo Wild Wings

Mailing Address 1018 Willow Road

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24918

Date of Disbursement

/ /

Amount of Each Disbursement this Period

111.71

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

C.

Full Name (Last, First, Middle Initial)
 Dominicks

Mailing Address 4125 Dundee Rd.

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24962

Date of Disbursement

/ /

Amount of Each Disbursement this Period

119.68

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: 01130.E24269 Date of Disbursement
Mailing Address 7300 Hudson Blvd N	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City Saint Paul State MN Zip Code 55128-7141	Amount of Each Disbursement this Period
Purpose of Disbursement Party Fundraising Telemarketing Candidate Name	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PARTY FUNDRAISING TELEMAR- KETING
B. Full Name (Last, First, Middle Initial) FLS Connect, LLC	Transaction ID: 01130.E24517 Date of Disbursement
Mailing Address 7300 Hudson Blvd N	<div> <div>11</div> <div>10</div> <div>2010</div> </div>
City Saint Paul State MN Zip Code 55128-7141	Amount of Each Disbursement this Period
Purpose of Disbursement Party Fundraising Telemarketing Candidate Name	<div>4607.67</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PARTY FUNDRAISING TELEMAR- KETING
C. Full Name (Last, First, Middle Initial) Andrew Griswold	Transaction ID: 01130.E24442 Date of Disbursement
Mailing Address 536 W Fayette Ave	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Springfield State IL Zip Code 62704-2735	Amount of Each Disbursement this Period
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	<div>961.29</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	REIMBURSEMENT: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

10568.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Fulgenzis Pizza & Pasta

Mailing Address 1168 E. Sangamon Avenue

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24919

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.49

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

B.

Full Name (Last, First, Middle Initial)

Fulgenzis Pizza & Pasta

Mailing Address 1168 E. Sangamon Avenue

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.88

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

C.

Full Name (Last, First, Middle Initial)

Fulgenzis Pizza & Pasta

Mailing Address 1168 E. Sangamon Avenue

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24921

Date of Disbursement

/ /

Amount of Each Disbursement this Period

57.50

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Mel-O-Cream Mailing Address 3010 South 6th St.	Transaction ID: 10316.E24922 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62703- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>17.49</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
B. Full Name (Last, First, Middle Initial) Mel-O-Cream Mailing Address 3010 South 6th St.	Transaction ID: 10316.E24923 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>21.11</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
C. Full Name (Last, First, Middle Initial) Sams Club Mailing Address 2300 White Oaks Dr.	Transaction ID: 10316.E24924 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>185.86</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Sams Club

Mailing Address 2300 White Oaks Dr.

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24925

Date of Disbursement

/ /

Amount of Each Disbursement this Period

117.02

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)

Sams Club

Mailing Address 2300 White Oaks Dr.

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24927

Date of Disbursement

/ /

Amount of Each Disbursement this Period

77.48

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Turaskys Meats

Mailing Address 1129 Taintor Road

City Springfield State IL Zip Code 62702-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.84

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address 1310 South 5th St.

City Springfield State IL Zip Code 62703-

Purpose of Disbursement
 BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.86

[MEMO ITEM]

MEMO: BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)

Saputos Italian Foods Inc.

Mailing Address 801 E Monroe St.

City Springfield State IL Zip Code 62701-1915

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.10

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Saputos Italian Foods Inc.

Mailing Address 801 E Monroe St.

City Springfield State IL Zip Code 62701-1915

Purpose of Disbursement
 FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

51.85

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Saputos Italian Foods Inc.

Mailing Address 801 E Monroe St.

City
Springfield

State
IL

Zip Code
62701-1915

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24933

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.10

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

B.

Full Name (Last, First, Middle Initial)

Saputos Italian Foods Inc.

Mailing Address 801 E Monroe St.

City
Springfield

State
IL

Zip Code
62701-1915

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24934

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.10

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

C.

Full Name (Last, First, Middle Initial)

Taco Gingo

Mailing Address 975 Clocktower Drive

City
Springfield

State
IL

Zip Code
62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.39

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Food Mart	Transaction ID: 10316.E24936 Date of Disbursement
Mailing Address 600 North 9th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62702-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<div>40.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
B. Full Name (Last, First, Middle Initial) Shop-N-Save	Transaction ID: 10316.E24937 Date of Disbursement
Mailing Address 1755 Wabash	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62704-	Amount of Each Disbursement this Period
Purpose of Disbursement BEVERAGE REIMB.	<div>14.69</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: BEVERAGE REIMB.
C. Full Name (Last, First, Middle Initial) Schnucks	Transaction ID: 10316.E24938 Date of Disbursement
Mailing Address 2801 Chatham Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62704-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<div>89.53</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Andrew Griswold

Mailing Address 536 W Fayette Ave

City Springfield State IL Zip Code 62704-2735

Purpose of Disbursement
Cable Cords and Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24493

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

77.80

CABLE CORDS AND POSTAGE

B.

Full Name (Last, First, Middle Initial)

Andrew Griswold

Mailing Address 536 W Fayette Ave

City Springfield State IL Zip Code 62704-2735

Purpose of Disbursement
REIMBURSEMENT: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24494

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1129.43

REIMBURSEMENT: SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Jimmy Johns

Mailing Address 3128 S. 6th St.

City Springfield State IL Zip Code 62703-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24939

Date of Disbursement

08 / 16 / 2010

Amount of Each Disbursement this Period

48.32

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

1207.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Jimmy Johns	Transaction ID: 10316.E24940 Date of Disbursement																				
Mailing Address 3128 S. 6th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City Springfield State IL Zip Code 62703- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>9</td><td>.</td><td>3</td><td>2</td> </tr> </table>	4	9	.	3	2															
4	9	.	3	2																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEVERAGE REI-MB.																				
B. Full Name (Last, First, Middle Initial) Mel-O-Cream	Transaction ID: 10316.E24941 Date of Disbursement																				
Mailing Address 3010 South 6th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	9		2	0	1	0												
City Springfield State IL Zip Code 62703- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>1</td><td>.</td><td>3</td><td>2</td> </tr> </table>	2	1	.	3	2															
2	1	.	3	2																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEVERAGE REI-MB.																				
C. Full Name (Last, First, Middle Initial) Mel-O-Cream	Transaction ID: 10316.E24942 Date of Disbursement																				
Mailing Address 3010 South 6th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	6		2	0	1	0												
City Springfield State IL Zip Code 62703- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>0</td><td>.</td><td>4</td><td>8</td> </tr> </table>	2	0	.	4	8															
2	0	.	4	8																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FOOD & BEVERAGE REI-MB.																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Mel-O-Cream Mailing Address 3010 South 6th St.	Transaction ID: 10316.E24943 Date of Disbursement <div> <div>10</div> <div>23</div> <div>2010</div> </div>
City Springfield State IL Zip Code 62703- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>20.48</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
B. Full Name (Last, First, Middle Initial) Fulgenzis Pizza & Pasta Mailing Address 1168 E. Sangamon Avenue City Springfield State IL Zip Code 62702- Purpose of Disbursement FOOD & BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10316.E24944 Date of Disbursement <div> <div>10</div> <div>07</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>58.51</div> [MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.
C. Full Name (Last, First, Middle Initial) Walgreens Mailing Address 1310 South 5th St. City Springfield State IL Zip Code 62703- Purpose of Disbursement BEVERAGE REIMB. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10316.E24945 Date of Disbursement <div> <div>10</div> <div>12</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>30.37</div> [MEMO ITEM] MEMO: BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: 10316.E24946 Date of Disbursement
Mailing Address 1310 South 5th St.	<div> <div>10</div> <div>25</div> <div>2010</div> </div>
City Springfield State IL Zip Code 62703-	Amount of Each Disbursement this Period
Purpose of Disbursement BEVERAGE REIMB.	<div>34.05</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: BEVERAGE REIMB.
B. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: 10316.E24947 Date of Disbursement
Mailing Address 1310 South 5th St.	<div> <div>10</div> <div>22</div> <div>2010</div> </div>
City Springfield State IL Zip Code 62703-	Amount of Each Disbursement this Period
Purpose of Disbursement BEVERAGE REIMB.	<div>15.51</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: BEVERAGE REIMB.
C. Full Name (Last, First, Middle Initial) Head West Sub	Transaction ID: 10316.E24948 Date of Disbursement
Mailing Address 530 E Capitol Avenue	<div> <div>10</div> <div>11</div> <div>2010</div> </div>
City Springfield State IL Zip Code 62701-	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<div>41.58</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Head West Sub

Mailing Address 530 E Capitol Avenue

City Springfield State IL Zip Code 62701-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24949

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

37.26

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)

Head West Sub

Mailing Address 530 E Capitol Avenue

City Springfield State IL Zip Code 62701-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24950

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

55.35

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)

Taco Gringo

Mailing Address 975 Clock Tower Drive

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 10316.E24951

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

34.83

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 122 / 534

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Sams Club <hr/> Mailing Address 2300 White Oaks Dr. <hr/> <div style="display: flex; justify-content: space-between;"> <div> City Springfield </div> <div> State IL </div> <div> Zip Code 62704- </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement FOOD & BEVERAGE REIMB. </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Candidate Name </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 10316.E24952 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>^M10</div> <div>^D12</div> <div>^Y2010</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 5px;">135.13</div> <hr/> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
B. Full Name (Last, First, Middle Initial) Sams Club <hr/> Mailing Address 2300 White Oaks Dr. <hr/> <div style="display: flex; justify-content: space-between;"> <div> City Springfield </div> <div> State IL </div> <div> Zip Code 62704- </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement FOOD & BEVERAGE REIMB. </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Candidate Name </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 10316.E24953 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>^M10</div> <div>^D22</div> <div>^Y2010</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 5px;">111.51</div> <hr/> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.
C. Full Name (Last, First, Middle Initial) Schnucks <hr/> Mailing Address 2801 Chatham Rd. <hr/> <div style="display: flex; justify-content: space-between;"> <div> City Springfield </div> <div> State IL </div> <div> Zip Code 62704- </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Purpose of Disbursement FOOD & BEVERAGE REIMB. </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Candidate Name </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; width: 50px;"> </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;"> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: </div> <div style="flex: 1;"> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div>	Transaction ID: 10316.E24954 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div>^M10</div> <div>^D23</div> <div>^Y2010</div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 5px;">28.19</div> <hr/> [MEMO ITEM] MEMO: FOOD & BEVERAGE REI- MB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 123 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Schnucks

Mailing Address 2801 Chatham Rd.

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24955

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

101.69

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

B.

Full Name (Last, First, Middle Initial)
Country Market

Mailing Address 1610 Wabash

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24956

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

44.50

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

C.

Full Name (Last, First, Middle Initial)
Track Schack

Mailing Address 233 East Laurel St.

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FOOD & BEVERAGE REIMB.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10316.E24957

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

118.80

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REIMB.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 124 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Turaskys Meats	Transaction ID: 10316.E24958 Date of Disbursement																				
Mailing Address 1129 Taintor Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Springfield State IL Zip Code 62702-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FOOD & BEVERAGE REIMB.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>122.23</td> </tr> </table>																				122.23
									122.23												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Holiday Inn Select - Naperville	Transaction ID: 01130.E24577 Date of Disbursement																				
Mailing Address 1801 Naper Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Conference & Hotel Rooms	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6600.38</td> </tr> </table>										6600.38										
									6600.38												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24446 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Reimbursement	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>100.33</td> </tr> </table>										100.33										
									100.33												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]

MEMO: FOOD & BEVERAGE REI-
MB.

CONFERENCE & HOTEL ROOMS

FOOD & BEVERAGE REIMBURSE-
MENT

SUBTOTAL of Disbursements This Page (optional)

6700.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 125 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24548 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement Mileage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">126.00</td> </tr> </table>	126.00																			
126.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
MILEAGE REIMBURSEMENT																					
B. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24549 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverages Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">407.71</td> </tr> </table>	407.71																			
407.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FOOD & BEVERAGES REIMBURSEMENT																					
C. Full Name (Last, First, Middle Initial) Bryan Kinsey	Transaction ID: 01130.E24216 Date of Disbursement																				
Mailing Address 304 E Harrison Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Wheaton State IL Zip Code 60187-4204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">37.10</td> </tr> </table>	37.10																			
37.10																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FOOD & BEVERAGE REIMBURSEMENT																					

SUBTOTAL of Disbursements This Page (optional)

570.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 126 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Korman/ Lederer Management Co.

Mailing Address 3100 Dundee Rd Ste 3100
Suite 3100

City Northbrook State IL Zip Code 60062-2437

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24466

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

950.00

RENT

B.

Full Name (Last, First, Middle Initial)
Mool Law Firm LLC

Mailing Address P.O. Box 8624

City Springfield State IL Zip Code 62791-

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24267

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

LEGAL SERVICES

C.

Full Name (Last, First, Middle Initial)
Neopost

Mailing Address P.O. Box 73740

City Chicago State IL Zip Code 60673-

Purpose of Disbursement
Generic Party Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24416

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

177.72

GENERIC PARTY POSTAGE

SUBTOTAL of Disbursements This Page (optional)

3627.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Network Business Systems, Inc.	Transaction ID: 01130.E24522 Date of Disbursement																				
Mailing Address 23834 East 1260th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Geneseo State IL Zip Code 61254- Purpose of Disbursement Internet/Network Support Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>4</td><td>7</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	4	7	5	.	0	0														
4	7	5	.	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type INTERNET/NETWORK SUPPORT																				
B. Full Name (Last, First, Middle Initial) Nicor Gas	Transaction ID: 01130.E24572 Date of Disbursement																				
Mailing Address P.O. Box 0632	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Aurora State IL Zip Code 60507-0632 Purpose of Disbursement Utilities Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>1</td><td>3</td><td>.</td><td>9</td><td>3</td> </tr> </table>	2	1	3	.	9	3														
2	1	3	.	9	3																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type UTILITIES																				
C. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24228 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Chicago State IL Zip Code 60603-1006 Purpose of Disbursement Service Fee Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>2</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	2	.	0	0															
2	2	.	0	0																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type SERVICE FEE																				

SUBTOTAL of Disbursements This Page (optional)

710.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24462 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>	4.50																			
4.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/Type																					
SERVICE FEE																					
B. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24275 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	1		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">22.00</td> </tr> </table>	22.00																			
22.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/Type																					
SERVICE FEE																					
C. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24280 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">57.00</td> </tr> </table>	57.00																			
57.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/Type																					
SERVICE FEE																					

SUBTOTAL of Disbursements This Page (optional)

83.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24475 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">22.00</td> </tr> </table>	22.00																			
22.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/TYPE: SERVICE FEE																					
B. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24289 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">22.00</td> </tr> </table>	22.00																			
22.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/TYPE: SERVICE FEE																					
C. Full Name (Last, First, Middle Initial) The Northern Trust Company	Transaction ID: 01130.E24291 Date of Disbursement																				
Mailing Address 50 S La Salle St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
City Chicago State IL Zip Code 60603-1006	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Fee Candidate Name	<table border="1"> <tr> <td colspan="10">22.00</td> </tr> </table>	22.00																			
22.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
CATEGORY/TYPE: SERVICE FEE																					

SUBTOTAL of Disbursements This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
The Northern Trust Company

Mailing Address 50 S La Salle St

City Chicago State IL Zip Code 60603-1006

Purpose of Disbursement
Service Fee
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24370
Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

22.00

SERVICE FEE

B.

Full Name (Last, First, Middle Initial)
Palatine Township GOP

Mailing Address 839 N. Quentin Road

City Palatine State IL Zip Code 60067-

Purpose of Disbursement
Rent
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24471
Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

250.00

RENT

C.

Full Name (Last, First, Middle Initial)
Peapod Delivery

Mailing Address 9933 Woods Drive

City Skokie State IL Zip Code 60077-

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24465
Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

168.56

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

440.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

PKL Consulting

Mailing Address 611 Thornwood Ln

City Northfield State IL Zip Code 60093-1135

Purpose of Disbursement
Party Fundraising Consulting Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24296

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

PARTY FUNDRAISING CONSULT-
ING FEE

B.

Full Name (Last, First, Middle Initial)

Randy Pollard

Mailing Address 2517 Mabry Ln

City Vandalia State IL Zip Code 62471-3710

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24503

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

306.26

TRAVEL REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)

Randy Pollard

Mailing Address 2517 Mabry Ln

City Vandalia State IL Zip Code 62471-3710

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24502

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1086.50

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

3892.76

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Illinois Republican Party

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Volunteers for Shimkus	Transaction ID: C322934IK Date of Disbursement																				
Mailing Address PO Box 661	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	0		2	0	1	0												
City Springfield State IL Zip Code 62705-0661	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare - American Airlines Candidate Name	<table border="1"> <tr> <td colspan="10">2223.00</td> </tr> </table>	2223.00																			
2223.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	IN KIND: AIRFARE - AMERIC- AN AIRLINES																				
B. Full Name (Last, First, Middle Initial) Tyler Sidell	Transaction ID: 01130.E24219 Date of Disbursement																				
Mailing Address 109 Kay Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City East Peoria State IL Zip Code 61611-4511	Amount of Each Disbursement this Period																				
Purpose of Disbursement Copy/Print Supplies Power Strips Candidate Name	<table border="1"> <tr> <td colspan="10">155.05</td> </tr> </table>	155.05																			
155.05																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	COPY/PRINT SUPPLIES POWER STRIPS																				
C. Full Name (Last, First, Middle Initial) Tyler Sidell	Transaction ID: 01130.E24218 Date of Disbursement																				
Mailing Address 109 Kay Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City East Peoria State IL Zip Code 61611-4511	Amount of Each Disbursement this Period																				
Purpose of Disbursement Food & Beverage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">167.93</td> </tr> </table>	167.93																			
167.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FOOD & BEVERAGE REIMBURSE- MENT																				

SUBTOTAL of Disbursements This Page (optional)

2545.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
Telephone Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24220

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

50.00

TELEPHONE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
Food & Beverage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24301

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

222.45

FOOD & BEVERAGE REIMBURSE-
MENT

C.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24300

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

68.00

MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

340.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 135 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) Tyler Sidell	Transaction ID: 01130.E24386 Date of Disbursement																				
	Mailing Address 109 Kay Ct	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	1		1	5		2	0	1	0													
	City East Peoria State IL Zip Code 61611-4511	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">83.10</td> </tr> </table>	83.10																			
83.10																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼	TRAVEL REIMBURSEMENT																				
B.	Full Name (Last, First, Middle Initial) James Sprakties	Transaction ID: 01130.E24455 Date of Disbursement																				
	Mailing Address 12228 Black Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	4		2	0	1	0													
	City Morrison State IL Zip Code 61270-	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Cable and Extension Cords Candidate Name	<table border="1"> <tr> <td colspan="10">125.74</td> </tr> </table>	125.74																			
125.74																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼	CABLE AND EXTENSION CORDS																				
C.	Full Name (Last, First, Middle Initial) SBDM	Transaction ID: 01130.E24310 Date of Disbursement																				
	Mailing Address P.O. Box 706	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	8		2	0	1	0													
	City Tallahassee State FL Zip Code 32302-	Amount of Each Disbursement this Period																				
	Purpose of Disbursement Party Fundraising Mail Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: Other (specify) ▼	PARTY FUNDRAISING MAIL																				

SUBTOTAL of Disbursements This Page (optional)

5208.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Postal United States

Mailing Address Station E
Lock Box Section

City Chicago State IL Zip Code 60664-9998

Purpose of Disbursement
Parcel Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

700.00

PARCEL DELIVERY

B.

Full Name (Last, First, Middle Initial)
Postal United States

Mailing Address Station E
Lock Box Section

City Chicago State IL Zip Code 60664-9998

Purpose of Disbursement
Parcel Delivery

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

PARCEL DELIVERY

C.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 411 E Monroe

City Springfield State IL Zip Code 62701-

Purpose of Disbursement
Party Fundraising Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11455.00

PARTY FUNDRAISING MAIL

SUBTOTAL of Disbursements This Page (optional)

14655.00

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
Illinois Republican Party

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24224 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement Travel Reimbursement	<div> <div></div> <div>10.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
TRAVEL REIMBURSEMENT	
B. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24223 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement Websites	<div> <div></div> <div>101.36</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
WEBSITES	
C. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24306 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement Telephone Expense	<div> <div></div> <div>139.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
TELEPHONE EXPENSE	

SUBTOTAL of Disbursements This Page (optional)

251.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24305 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Glenview IL 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement Websites Candidate Name	<div>61.61</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITES
B. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24390 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>11</div> <div>15</div> <div>2010</div> </div>
City State Zip Code Glenview IL 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement Websites Parking Food & Bevg.Reimb. Candidate Name	<div>193.83</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITES PARKING FOOD & BEVG.REIMB.
C. Full Name (Last, First, Middle Initial) West Bend Mutual Insurance	Transaction ID: 01130.E24463 Date of Disbursement
Mailing Address 188 Industrial Dr., Ste. 430	<div> <div>10</div> <div>18</div> <div>2010</div> </div>
City State Zip Code Elmhurst IL 60126-	Amount of Each Disbursement this Period
Purpose of Disbursement Insurance Candidate Name	<div>414.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INSURANCE

SUBTOTAL of Disbursements This Page (optional)

669.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Mike Zolnierowicz

Mailing Address 3648 Venard Rd

City
Downers Grove

State
IL

Zip Code
60515-1349

Purpose of Disbursement
Telephone Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24561

Date of Disbursement

/ /

Amount of Each Disbursement this Period

840.96

TELEPHONE EXPENSES

SUBTOTAL of Disbursements This Page (optional)

840.96

TOTAL This Period (last page this line number only)

80561.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Comm.

Mailing Address 425 - 2nd St., N.E.

City
Washington

State
DC

Zip Code
20002-4914

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24283

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

35000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

35000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Pollak For Congress

Mailing Address P.O. Box 5027

City Evanston State IL Zip Code 60204-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOEL BARRY POLLAK

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 09

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: 01130.E24368

Date of Disbursement

/ /

Amount of Each Disbursement this Period

800.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Champaign County for Bill Brady PAC

Mailing Address 602 East Green Street
Suite 2A1

City Champaign State IL Zip Code 61820-

Purpose of Disbursement
TRANSFER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24461

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 144 / 534

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Volunteers for Shimkus

Mailing Address PO Box 661

City Springfield State IL Zip Code 62705-0661

Purpose of Disbursement
Refund of Contribution

Candidate Name
JOHN M SHIMKUS

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 19

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24516

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25000.00

SUBTOTAL of Disbursements This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
James Adinamis

Mailing Address 555 W. Cornelia

City Chicago State IL Zip Code 60657-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24358

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Adlexx Corporation

Mailing Address PO Box 9594

City Springfield State IL Zip Code 62791-9594

Purpose of Disbursement
FEA Volunteer Mail-Dold

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24288

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA VOLUNTEER MAIL-DOLD

C.

Full Name (Last, First, Middle Initial)
Allstar Computer Mailing Services

Mailing Address 980 W. Hawthorne Lane

City West Chicago State IL Zip Code 60185-

Purpose of Disbursement
FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA VOLUNTEER MAIL-HULTGR-
EN

SUBTOTAL of Disbursements This Page (optional)

27067.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Allstar Computer Mailing Services	Transaction ID: 01130.E24281 Date of Disbursement
Mailing Address 980 W. Hawthorne Lane	<div> <div>10</div> <div>25</div> <div>2010</div> </div>
City West Chicago State IL Zip Code 60185-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Hultgren	<div>3755.12</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA VOLUNTEER MAIL-HULTGR- EN
B. Full Name (Last, First, Middle Initial) Allstar Computer Mailing Services	Transaction ID: 01130.E24308 Date of Disbursement
Mailing Address 980 W. Hawthorne Lane	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City West Chicago State IL Zip Code 60185-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Hultgren	<div>1877.56</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA VOLUNTEER MAIL-HULTGR- EN
C. Full Name (Last, First, Middle Initial) Sarah Altmeyer	Transaction ID: 01130.E24527 Date of Disbursement
Mailing Address 121 C Street, SE	<div> <div>11</div> <div>11</div> <div>2010</div> </div>
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Travel Reimbursement	<div>333.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

5965.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Flavio Amaya Mailing Address 1602 Hobart St. NW	Transaction ID: 01130.E24424 Date of Disbursement <div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Washington State DC Zip Code 20009- Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1666.66</div> FEA CNSLTNG: POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Flavio Amaya Mailing Address 1602 Hobart St. NW City Washington State DC Zip Code 20009- Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24487 Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1666.66</div> FEA CNSLTNG: POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Flavio Amaya Mailing Address 1602 Hobart St. NW City Washington State DC Zip Code 20009- Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24539 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1666.66</div> FEA CNSLTNG: POLIT. GRASS-ROOTS

SUBTOTAL of Disbursements This Page (optional)

4999.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 John Arrington

Mailing Address 31 E. 155th St.

City Harvey State IL Zip Code 60426-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
 Joy Arrington

Mailing Address 31 E. 155th St.

City Harvey State IL Zip Code 60426-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
 Katie Bachman

Mailing Address 1028 N. Honore Street

City Chicago State IL Zip Code 60622-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Vernon Bennett Mailing Address 7647 S. Aberdeen	Transaction ID: 01130.E24324 Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60620- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1500.00</div> FEA CNSLTING. POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Bob Black Mailing Address 119 S. School St. City Mount Prospect State IL Zip Code 60056- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24340 Date of Disbursement <div>10</div> <div>28</div> <div>2010</div> Amount of Each Disbursement this Period <div>1500.00</div> FEA CNSLTING. POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Jonathan Blessing Mailing Address 1518 N Sedgwick St Unit B Unit B City Chicago State IL Zip Code 60610-1223 Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24425 Date of Disbursement <div>10</div> <div>14</div> <div>2010</div> Amount of Each Disbursement this Period <div>2500.00</div> FEA CNSLTING: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Jonathan Blessing

Mailing Address 1518 N Sedgwick St Unit B
 Unit B

City Chicago State IL Zip Code 60610-1223

Purpose of Disbursement
 FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24476

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

FEA CNSLTING: POLITICAL
 GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
 Jonathan Blessing

Mailing Address 1518 N Sedgwick St Unit B
 Unit B

City Chicago State IL Zip Code 60610-1223

Purpose of Disbursement
 FEA Cnslting: Polit.Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8500.00

FEA CNSLTING: POLIT.GRASS-
 ROOTS

C.

Full Name (Last, First, Middle Initial)
 Lynne Boehringer

Mailing Address 1430 N. Astor
 #8B

City Chicago State IL Zip Code 60610-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24355

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

FEA CNSLTING. POLITICAL
 GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

11300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Virginia Bronecke

Mailing Address 715 Clinton Pl

City State Zip Code
River Forest IL 60305-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Marlena Brooks

Mailing Address 8802 S. Emerald Ave.

City State Zip Code
Chicago IL 60620-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24326

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Jonathan Callaway

Mailing Address 504 N Beach Ave

City State Zip Code
La Grange Park IL 60526-

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING: POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) Jonathan Callaway	Transaction ID: 01130.E24479 Date of Disbursement
	Mailing Address 504 N Beach Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
	City La Grange Park State IL Zip Code 60526-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Cnslting: Political Grassroots</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>1350.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA CNSLTING: POLITICAL GRASSROOTS
B.	Full Name (Last, First, Middle Initial) Jonathan Callaway	Transaction ID: 01130.E24531 Date of Disbursement
	Mailing Address 504 N Beach Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
	City La Grange Park State IL Zip Code 60526-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Cnslting: Polit. Grassroots</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>1250.00</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA CNSLTING: POLIT. GRASSROOTS
C.	Full Name (Last, First, Middle Initial) Ross Cameron	Transaction ID: 01130.E24529 Date of Disbursement
	Mailing Address 300 Massachusetts Ave NW Apt. 622	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 1 / 2 0 1 0</div> </div>
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Travel Reimbursement</div> <div>Candidate Name</div> <div>Category/ Type</div> </div>	<div>502.16</div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

3102.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Capital Data Technologies LLC

Mailing Address 3109 Cascade Drive

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24456

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Capital Data Technologies LLC

Mailing Address 3109 Cascade Drive

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24483

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING: POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Capital Data Technologies LLC

Mailing Address 3109 Cascade Drive

City Springfield State IL Zip Code 62704-

Purpose of Disbursement
FEA Cnslting: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24535

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

FEA CNSLTING: POLIT. GRAS-
SROOTS

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Kayleen Carlson

Mailing Address 26304 N Middleton Pkwy

City State Zip Code
Mundelein IL 60060-9126

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24436

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTING: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Kayleen Carlson

Mailing Address 26304 N Middleton Pkwy

City State Zip Code
Mundelein IL 60060-9126

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24480

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTING: POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Kayleen Carlson

Mailing Address 26304 N Middleton Pkwy

City State Zip Code
Mundelein IL 60060-9126

Purpose of Disbursement
FEA Cnslting: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 01130.E24532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

FEA CNSLTING: POLIT. GRAS-
SROOTS

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Anthony Catalano	Transaction ID: 01130.E24331 Date of Disbursement
Mailing Address 455 Atlantic Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Elk Grove Village State IL Zip Code 60007- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA CNSLTING. POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Marie Catalano	Transaction ID: 01130.E24329 Date of Disbursement
Mailing Address 387 Lambert	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Schaumburg State IL Zip Code 60193- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA CNSLTING. POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Peter Catalano	Transaction ID: 01130.E24327 Date of Disbursement
Mailing Address 387 Lambert	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Schaumburg State IL Zip Code 60193- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA CNSLTING. POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Charles Cheesman Mailing Address 6929 157th P1.	Transaction ID: 01130.E24359 Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Tinley Park IL 60477- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>1200.00</div> FEA CNSLTING. POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Robert Colby Mailing Address 16207 Eagle Ridge Dr. City State Zip Code Tinley Park IL 60477- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01130.E24319 Date of Disbursement <div>10</div> <div>28</div> <div>2010</div> Amount of Each Disbursement this Period <div>1400.00</div> FEA CNSLTING. POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Curt Conrad Mailing Address 2704 Cronin Dr City State Zip Code Springfield IL 62711-7083 Purpose of Disbursement FEA Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01130.E24212 Date of Disbursement <div>10</div> <div>14</div> <div>2010</div> Amount of Each Disbursement this Period <div>3360.04</div> FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

5960.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement
 FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24292
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

3360.05

FEA PAYROLL

B.

Full Name (Last, First, Middle Initial)
 Curt Conrad

Mailing Address 2704 Cronin Dr

City Springfield State IL Zip Code 62711-7083

Purpose of Disbursement
 FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24381
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

3360.04

FEA PAYROLL

C.

Full Name (Last, First, Middle Initial)
 Mary Daniels

Mailing Address 18627 Oak Wood Ave.

City Country Club Hills State IL Zip Code 60478-

Purpose of Disbursement
 FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24439
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING: POLITICAL
 GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

8220.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Mary Daniels	Transaction ID: 01130.E24481 Date of Disbursement																				
Mailing Address 18627 Oak Wood Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
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1	0		2	8		2	0	1	0												
City Country Club Hills State IL Zip Code 60478-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING: POLITICAL GRASSROOTS																					
B. Full Name (Last, First, Middle Initial) Mary Daniels	Transaction ID: 01130.E24533 Date of Disbursement																				
Mailing Address 18627 Oak Wood Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Country Club Hills State IL Zip Code 60478-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING: POLIT. GRASSROOTS																					
C. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24430 Date of Disbursement																				
Mailing Address 25 W 306 Highview Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
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1	0		1	4		2	0	1	0												
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1750.00</td> </tr> </table>	1750.00																			
1750.00																					
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FEA CNSLTING: POLITICAL GRASSROOTS																					

SUBTOTAL of Disbursements This Page (optional)

4750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24488 Date of Disbursement
Mailing Address 25 W 306 Highview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div> <div>1750.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLITICAL GRASSROOTS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) DC Consulting	Transaction ID: 01130.E24540 Date of Disbursement
Mailing Address 25 W 306 Highview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
City Naperville State IL Zip Code 60563-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting.Polit. Grassroots Candidate Name	<div> <div>2250.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG.POLIT. GRASSROOTS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) T. Braxton Denton	Transaction ID: 01130.E24578 Date of Disbursement
Mailing Address 2029 Carl Sandburg Ln. Apt 1	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Springfield State IL Zip Code 62703-5491	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div> <div>1250.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLITICAL GRASSROOTS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) T. Braxton Denton	Transaction ID: 01019.E24193 Date of Disbursement																				
Mailing Address 2029 Carl Sandburg Ln. Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
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City Springfield State IL Zip Code 62703-5491	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">0.00</td> </tr> </table>	0.00																			
0.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLITICAL GRASSROOTS																					
B. Full Name (Last, First, Middle Initial) T. Braxton Denton	Transaction ID: 01130.E24489 Date of Disbursement																				
Mailing Address 2029 Carl Sandburg Ln. Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Springfield State IL Zip Code 62703-5491	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1350.00</td> </tr> </table>	1350.00																			
1350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLITICAL GRASSROOTS																					
C. Full Name (Last, First, Middle Initial) T. Braxton Denton	Transaction ID: 01130.E24541 Date of Disbursement																				
Mailing Address 2029 Carl Sandburg Ln. Apt 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Springfield State IL Zip Code 62703-5491	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table>	1250.00																			
1250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLIT. GRASS-ROOTS																					

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Eric Di Silvestro

Mailing Address 1510 N Bosworth Ave Apt 1

City Chicago State IL Zip Code 60642-7612

Purpose of Disbursement
FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24440

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1250.00

FEA CNSLTNG: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Eric Di Silvestro

Mailing Address 1510 N Bosworth Ave Apt 1

City Chicago State IL Zip Code 60642-7612

Purpose of Disbursement
FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24491

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1550.00

FEA CNSLTNG: POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Eric Di Silvestro

Mailing Address 1510 N Bosworth Ave Apt 1

City Chicago State IL Zip Code 60642-7612

Purpose of Disbursement
FEA Cnsltng: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24542

Date of Disbursement

11 / 15 / 2010

Amount of Each Disbursement this Period

2250.00

FEA CNSLTNG: POLIT. GRASS-
ROOTS

SUBTOTAL of Disbursements This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Nancy Dibelka

Mailing Address 205 W. Miner St.

City Arlington Heights State IL Zip Code 60005-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24339
Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
John Dusik

Mailing Address 320 23rd Street S.
#1403

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
FEA Communications Cnslt

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24518
Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA COMMUNICATIONS CNSLT

C.

Full Name (Last, First, Middle Initial)
East Meridian Strategies LLC

Mailing Address 219 East Taylor Run Pkwy

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24239
Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA VOLUNTEER MAIL-HULTGR-
EN

SUBTOTAL of Disbursements This Page (optional)

11800.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 East Meridian Strategies LLC

Mailing Address 219 East Taylor Run Pkwy

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24240

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8696.37

FEA VOLUNTEER MAIL-HULTGR-
EN

B.

Full Name (Last, First, Middle Initial)
 East Meridian Strategies LLC

Mailing Address 219 East Taylor Run Pkwy

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7262.39

FEA VOLUNTEER MAIL-HULTGR-
EN

C.

Full Name (Last, First, Middle Initial)
 East Meridian Strategies LLC

Mailing Address 219 East Taylor Run Pkwy

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
 FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6560.50

FEA VOLUNTEER MAIL-HULTGR-
EN

SUBTOTAL of Disbursements This Page (optional)

22519.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) East Meridian Strategies LLC	Transaction ID: 01130.E24311 Date of Disbursement
Mailing Address 219 East Taylor Run Pkwy	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Hultgren Candidate Name	<div>7867.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA VOLUNTEER MAIL-HULTGR- EN
B. Full Name (Last, First, Middle Initial) Anthony Esposito	Transaction ID: 01130.E24422 Date of Disbursement
Mailing Address 1620 Hintz Ln Apt 2B Apt 2B	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Wheeling State IL Zip Code 60090-5266	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div>1750.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA CNSLTING: POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Anthony Esposito	Transaction ID: 01130.E24484 Date of Disbursement
Mailing Address 1620 Hintz Ln Apt 2B Apt 2B	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Wheeling State IL Zip Code 60090-5266	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div>2050.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA CNSLTING: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

11667.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Anthony Esposito	Transaction ID: 01130.E24536 Date of Disbursement																				
Mailing Address 1620 Hintz Ln Apt 2B Apt 2B	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Wheeling State IL Zip Code 60090-5266	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">4250.00</td> </tr> </table>	4250.00																			
4250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLIT. GRASS-ROOTS																					
B. Full Name (Last, First, Middle Initial) Jeanne Farha	Transaction ID: 01130.E24512 Date of Disbursement																				
Mailing Address 2043 Vermont	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	1	0												
City Quincy State IL Zip Code 62301-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Communications Cnslt. Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA COMMUNICATIONS CNSLT.																					
C. Full Name (Last, First, Middle Initial) Karla Farnsworth	Transaction ID: 01130.E24523 Date of Disbursement																				
Mailing Address 7701 Lafayette Forest Drive #22	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Annandale State VA Zip Code 22003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">338.80</td> </tr> </table>	338.80																			
338.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA TRAVEL REIMBURSEMENT																					

SUBTOTAL of Disbursements This Page (optional)

5088.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) Faulkner Strategies	Transaction ID: 01130.E24369
	Mailing Address 12801 Sandy Court	Date of Disbursement <div> <div>10</div> <div>29</div> <div>2010</div> </div>
	City Granger State IN Zip Code 46530-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Volunteer Mail-Kinzinger Candidate Name	<div>23825.67</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
		FEA VOLUNTEER MAIL-KINZINGER
B.	Full Name (Last, First, Middle Initial) Forms Design Plus	Transaction ID: 01130.E24373
	Mailing Address P.O. Box 9756	Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div>
	City Peoria State IL Zip Code 61612-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Volunteer Mail-Schilling Candidate Name	<div>33416.13</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
		FEA VOLUNTEER MAIL-SCHILLING
C.	Full Name (Last, First, Middle Initial) Kurt Fujio	Transaction ID: 01130.E24316
	Mailing Address 1810 W. Touhy	Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div>
	City Chicago State IL Zip Code 60626-	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<div>1500.00</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
		FEA CNSLTING. POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

58741.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Wanda Gates

Mailing Address 1110 Hull Terrace
Apt. 2

City Evanston State IL Zip Code 60202-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24353

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)

Robert Grassel

Mailing Address 300 N. State St.
Apt. 5205

City Chicago State IL Zip Code 60654-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24330

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)

Andrew Griswold

Mailing Address 536 W Fayette Ave

City Springfield State IL Zip Code 62704-2735

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24441

Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING: POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Andrew Griswold

Mailing Address 536 W Fayette Ave

City Springfield State IL Zip Code 62704-2735

Purpose of Disbursement
FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24492

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTNG: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Andrew Griswold

Mailing Address 536 W Fayette Ave

City Springfield State IL Zip Code 62704-2735

Purpose of Disbursement
FEA Cnslting: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24544

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTNG: POLIT. GRASS-
ROOTS

C.

Full Name (Last, First, Middle Initial)
The Guardian

Mailing Address P.O. Box 8012

City Appleton State WI Zip Code 54913-8012

Purpose of Disbursement
FEA Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)

16474.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Eleana Hernandez	Transaction ID: 01130.E24320 Date of Disbursement																				
Mailing Address 3650 South Wood Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60609-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1400.00</td> </tr> </table>	1400.00																			
1400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING. POLITICAL GRASSROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Andria Hoffman	Transaction ID: 01130.E24443 Date of Disbursement																				
Mailing Address 5688 Rosos Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Long Grove State IL Zip Code 60047-5063	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: POLITICAL GRASSROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Andria Hoffman	Transaction ID: 01130.E24495 Date of Disbursement																				
Mailing Address 5688 Rosos Pkwy	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Long Grove State IL Zip Code 60047-5063	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: POLITICAL GRASSROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

6400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Andria Hoffman

Mailing Address 5688 Rosos Pkwy

City Long Grove State IL Zip Code 60047-5063

Purpose of Disbursement
FEA Cnslng: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24545

Date of Disbursement

M M / D D / Y Y Y Y
11 / 15 / 2010

Amount of Each Disbursement this Period

4500.00

FEA CNSLTNG: POLIT. GRASS-
ROOTS

B.

Full Name (Last, First, Middle Initial)

Willie Howard

Mailing Address 7456 N. Rockwell St.

City Chicago State IL Zip Code 60645-

Purpose of Disbursement
FEA Cnslng. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24352

Date of Disbursement

M M / D D / Y Y Y Y
10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTNG. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address Department of Treasury

City Cincinnati State OH Zip Code 45999-0005

Purpose of Disbursement
FEA Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24225

Date of Disbursement

M M / D D / Y Y Y Y
10 / 14 / 2010

Amount of Each Disbursement this Period

2586.68

FEA PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

8586.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Internal Revenue Service

Mailing Address Department of Treasury

City Cincinnati State OH Zip Code 45999-0005

Purpose of Disbursement
 FEA Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24362

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2586.62

FEA PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
 Internal Revenue Service

Mailing Address Department of Treasury

City Cincinnati State OH Zip Code 45999-0005

Purpose of Disbursement
 FEA Payroll Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24392

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2586.68

FEA PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)
 Jamestown Associates

Mailing Address 5 Mapleton Road
 Suite 300

City Princeton State NJ Zip Code 08540-

Purpose of Disbursement
 FEA Volunteer Mail-Dold

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1872.50

FEA VOLUNTEER MAIL-DOLD

SUBTOTAL of Disbursements This Page (optional)

7045.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Robert V. Johnson II

Mailing Address 1733 Sequoia Trl

City State Zip Code
 Glenview IL 60025-2022

Purpose of Disbursement
 FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24444

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0

Amount of Each Disbursement this Period

1208.35

FEA CNSLTNG: POLITICAL
 GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
 Robert V. Johnson II

Mailing Address 1733 Sequoia Trl

City State Zip Code
 Glenview IL 60025-2022

Purpose of Disbursement
 FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24496

Date of Disbursement

M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 1 0

Amount of Each Disbursement this Period

1208.35

FEA CNSLTNG: POLITICAL
 GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
 Robert V. Johnson II

Mailing Address 1733 Sequoia Trl

City State Zip Code
 Glenview IL 60025-2022

Purpose of Disbursement
 FEA Cnsltng: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24546

Date of Disbursement

M M / D D / Y Y Y Y
 1 1 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

1708.35

FEA CNSLTNG: POLIT. GRASS-
 ROOTS

SUBTOTAL of Disbursements This Page (optional)

4125.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Greta Joynes	Transaction ID: 01130.E24562 Date of Disbursement																				
Mailing Address 3745 Gunston Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	0												
City Alexandria State VA Zip Code 22302- Purpose of Disbursement FEA Food & Beverage Reimbursement Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>8</td><td>0</td><td>.</td><td>4</td><td>4</td> </tr> </table>	7	8	0	.	4	4														
7	8	0	.	4	4																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA FOOD & BEVERAGE REIMB- URSEMENT																				
B. Full Name (Last, First, Middle Initial) Greta Joynes	Transaction ID: 01130.E24563 Date of Disbursement																				
Mailing Address 3745 Gunston Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	2		2	0	1	0												
City Alexandria State VA Zip Code 22302- Purpose of Disbursement FEA Travel Reimbursement Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>9</td><td>4</td><td>.</td><td>2</td><td>6</td><td>2</td> </tr> </table>	1	9	4	.	2	6	2													
1	9	4	.	2	6	2															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA TRAVEL REIMBURSEMENT																				
C. Full Name (Last, First, Middle Initial) K.K. Stevens Publishing Company	Transaction ID: 01130.E24285 Date of Disbursement																				
Mailing Address 100 N. Pearl St. P.O. Box 590	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
City Astoria State IL Zip Code 61501-0590 Purpose of Disbursement FEA Volunteer Mail-Schilling Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>3</td><td>9</td><td>.</td><td>0</td><td>0</td><td>0</td> </tr> </table>	1	3	9	.	0	0	0													
1	3	9	.	0	0	0															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA VOLUNTEER MAIL-SCHILL- ING																				

SUBTOTAL of Disbursements This Page (optional)

16623.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
John Kalmbach

Mailing Address 746 W. Bittersweet Place
Apt. 1W

City Chicago State IL Zip Code 60613-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24337

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Robert Kandelman

Mailing Address 3108 W. Jerome St.

City Chicago State IL Zip Code 60645-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Merle Kaplan

Mailing Address 345 W. Fullerton Pkwy
#606

City Chicago State IL Zip Code 60614-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24445 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLITICAL GRASSROOTS																					
B. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24497 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1800.00</td> </tr> </table>	1800.00																			
1800.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLITICAL GRASSROOTS																					
C. Full Name (Last, First, Middle Initial) Jerry King	Transaction ID: 01130.E24547 Date of Disbursement																				
Mailing Address 9 Hickory St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Harrisburg State IL Zip Code 62946-3414	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLIT. GRASS-ROOTS																					

SUBTOTAL of Disbursements This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) Bryan Kinsey	Transaction ID: 01130.E24215 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 304 E Harrison Ave	
	City Wheaton State IL Zip Code 60187-4204	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll	1500.00
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	FEA PAYROLL
B.	Full Name (Last, First, Middle Initial) Bryan Kinsey	Transaction ID: 01130.E24298 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 1 0
	Mailing Address 304 E Harrison Ave	
	City Wheaton State IL Zip Code 60187-4204	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll	1500.00
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	FEA PAYROLL
C.	Full Name (Last, First, Middle Initial) Bryan Kinsey	Transaction ID: 01130.E24384 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	Mailing Address 304 E Harrison Ave	
	City Wheaton State IL Zip Code 60187-4204	Amount of Each Disbursement this Period
	Purpose of Disbursement FEA Payroll	1500.00
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ State: District:	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Anne Kirkpatrick

Mailing Address 222 E. Chestnut St.
Unit 8B

City Chicago State IL Zip Code 60611-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)

Kyle Kizzier

Mailing Address 1422 East Capitol St., NE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
FEA Food & Beverage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24526

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA FOOD & BEVERAGE REIMB-
URSEMENT

C.

Full Name (Last, First, Middle Initial)

Larkin Brody & Associates

Mailing Address 5517 MacArthur Blvd

City Washington State DC Zip Code 20016-

Purpose of Disbursement
FEA Volunteer Mail-Schilling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA VOLUNTEER MAIL-SCHILL-
ING

SUBTOTAL of Disbursements This Page (optional)

94972.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 178 / 534

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Jim Leahy

Mailing Address 1210 Halfday Rd.

City Bannockburn State IL Zip Code 60015-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24421

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)

Emily Lindsay

Mailing Address 1420 North Lakeshore Drive

City Chicago State IL Zip Code 60610-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24348

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1400.00

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)

Margaret Lindsay

Mailing Address 1420 N. Lake Shore Drive

City Chicago State IL Zip Code 60610-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24346

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1800.00

FEA CNSLTING. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) David Marszalik	Transaction ID: 01130.E24323 Date of Disbursement																				
Mailing Address 9541 S. 89th Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
<table border="1"> <tr> <td>City Palos Hills</td> <td>State IL</td> <td>Zip Code 60465-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement FEA Cnslting. Political Grassroots</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Palos Hills	State IL	Zip Code 60465-	Purpose of Disbursement FEA Cnslting. Political Grassroots		<input type="checkbox"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00											
City Palos Hills	State IL	Zip Code 60465-																			
Purpose of Disbursement FEA Cnslting. Political Grassroots		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1500.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		FEA CNSLTING. POLITICAL GRASSROOTS														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
B. Full Name (Last, First, Middle Initial) Joshua Marszalik	Transaction ID: 01130.E24322 Date of Disbursement																				
Mailing Address 5556 S. Keeler	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
<table border="1"> <tr> <td>City Chicago</td> <td>State IL</td> <td>Zip Code 60629-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement FEA Cnslting. Political Grassroots</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Chicago	State IL	Zip Code 60629-	Purpose of Disbursement FEA Cnslting. Political Grassroots		<input type="checkbox"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00											
City Chicago	State IL	Zip Code 60629-																			
Purpose of Disbursement FEA Cnslting. Political Grassroots		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1500.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		FEA CNSLTING. POLITICAL GRASSROOTS														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
C. Full Name (Last, First, Middle Initial) Timothy Marszalik	Transaction ID: 01130.E24328 Date of Disbursement																				
Mailing Address 9541 S. 89th Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
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City Palos Hills	State IL	Zip Code 60465-																			
Purpose of Disbursement FEA Cnslting. Political Grassroots		<input type="checkbox"/> Category/ Type																			
Candidate Name																					
1400.00																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:		FEA CNSLTING. POLITICAL GRASSROOTS														
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

4400.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
John McGuire

Mailing Address 4145 N Springfield Ave

City Chicago State IL Zip Code 60618-1811

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24338

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
Frank Medina

Mailing Address 3650 South Wood Street

City Chicago State IL Zip Code 60609-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24321

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Tonia Members

Mailing Address 7736 S. May St.

City Chicago State IL Zip Code 60620-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24325

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Jackie Menconi	Transaction ID: 01130.E24343 Date of Disbursement
Mailing Address 908 N Lincoln Ave	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Park Ridge State IL Zip Code 60068-2023	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING. POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Cheryl Meyer	Transaction ID: 01130.E24448 Date of Disbursement
Mailing Address 5406 Crossview Lane	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Lake In The Hills State IL Zip Code 60156-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Cheryl Meyer	Transaction ID: 01130.E24499 Date of Disbursement
Mailing Address 5406 Crossview Lane	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Lake In The Hills State IL Zip Code 60156-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Cheryl Meyer Mailing Address 5406 Crossview Lane	Transaction ID: 01130.E24551 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2010</div> </div>
City State Zip Code Lake In The Hills IL 60156- Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div>250.00</div> FEA CNSLTNG: POLIT. GRASS-ROOTS
B. Full Name (Last, First, Middle Initial) Devin Meyer Mailing Address 1 W Superior St Apt 3011 # 3011 City State Zip Code Chicago IL 60654-8841 Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01130.E24447 Date of Disbursement <div>10</div> <div>14</div> <div>2010</div> Amount of Each Disbursement this Period <div>1292.00</div> FEA CNSLTNG: POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Devin Meyer Mailing Address 1 W Superior St Apt 3011 # 3011 City State Zip Code Chicago IL 60654-8841 Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 01130.E24498 Date of Disbursement <div>10</div> <div>28</div> <div>2010</div> Amount of Each Disbursement this Period <div>1292.00</div> FEA CNSLTNG: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional) ►

2834.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Devin Meyer	Transaction ID: 01130.E24550 Date of Disbursement																				
Mailing Address 1 W Superior St Apt 3011 # 3011	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Chicago State IL Zip Code 60654-8841	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltn: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1292.00</td> </tr> </table>	1292.00																			
1292.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA CNSLTNG: POLIT. GRASS-ROOTS																				
B. Full Name (Last, First, Middle Initial) Matthew Meyers	Transaction ID: 01130.E24335 Date of Disbursement																				
Mailing Address 5441 N. Sawyer	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
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1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60625-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltn: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA CNSLTNG: POLITICAL GRASSROOTS																				
C. Full Name (Last, First, Middle Initial) Luke Neuser	Transaction ID: 01130.E24449 Date of Disbursement																				
Mailing Address 4333 S. 24th St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
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1	0		1	4		2	0	1	0												
City Quincy State IL Zip Code 62305-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltn: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA CNSLTNG: POLITICAL GRASSROOTS																				

SUBTOTAL of Disbursements This Page (optional)

3542.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Luke Neuser

Mailing Address 4333 S. 24th St.

City Quincy State IL Zip Code 62305-

Purpose of Disbursement
 FEA Cnslting: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTNG: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
 Luke Neuser

Mailing Address 4333 S. 24th St.

City Quincy State IL Zip Code 62305-

Purpose of Disbursement
 FEA Cnslting: Polit. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTNG: POLIT. GRASS-
ROOTS

C.

Full Name (Last, First, Middle Initial)
 Karen Parr

Mailing Address 141 N. Cedar Street

City Palatine State IL Zip Code 60067-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24345

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

FEA CNSLTNG. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Nancy Perlman	Transaction ID: 01130.E24351 Date of Disbursement																				
Mailing Address 3847 N Whipple St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60618-3521	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1400.00</td> </tr> </table>	1400.00																			
1400.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING. POLITICAL GRASSROOTS																				
B. Full Name (Last, First, Middle Initial) Adam Peterman	Transaction ID: 01130.E24525 Date of Disbursement																				
Mailing Address 440 12th Street, NE #1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Meal & Beverage Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">1731.48</td> </tr> </table>	1731.48																			
1731.48																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA MEAL & BEVERAGE REIMB-URSEMENT																				
C. Full Name (Last, First, Middle Initial) Adam Peterman	Transaction ID: 01130.E24524 Date of Disbursement																				
Mailing Address 440 12th Street, NE #1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	1		2	0	1	0												
City Washington State DC Zip Code 20002-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Travel Reimbursement Candidate Name	<table border="1"> <tr> <td colspan="10">2037.95</td> </tr> </table>	2037.95																			
2037.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA TRAVEL REIMBURSEMENT																				

SUBTOTAL of Disbursements This Page (optional)

5169.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Diane Peterson	Transaction ID: 01130.E24341 Date of Disbursement																				
Mailing Address 9243 Latrobe	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Skokie State IL Zip Code 60077-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING. POLITICAL GRASSROOTS																					
B. Full Name (Last, First, Middle Initial) Don Peterson	Transaction ID: 01130.E24342 Date of Disbursement																				
Mailing Address 9243 Latrobe	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Skokie State IL Zip Code 60077-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">700.00</td> </tr> </table>	700.00																			
700.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING. POLITICAL GRASSROOTS																					
C. Full Name (Last, First, Middle Initial) Randy Pollard	Transaction ID: 01130.E24450 Date of Disbursement																				
Mailing Address 2517 Mabry Ln	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Vandalia State IL Zip Code 62471-3710	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">2750.00</td> </tr> </table>	2750.00																			
2750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING: POLITICAL GRASSROOTS																					

SUBTOTAL of Disbursements This Page (optional)

4150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Randy Pollard Mailing Address 2517 Mabry Ln	Transaction ID: 01130.E24501 Date of Disbursement <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Vandalia State IL Zip Code 62471-3710 Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2750.00</div> FEA CNSLTNG: POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) Randy Pollard Mailing Address 2517 Mabry Ln City Vandalia State IL Zip Code 62471-3710 Purpose of Disbursement FEA Cnslting: Polit. Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24553 Date of Disbursement <div> <div>11</div> <div>15</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>7750.00</div> FEA CNSLTNG: POLIT. GRASS-ROOTS
C. Full Name (Last, First, Middle Initial) Andrew Proctor Mailing Address 1203 Wesley Avenue #109 City Savoy State IL Zip Code 61874- Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24451 Date of Disbursement <div> <div>10</div> <div>14</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> FEA CNSLTNG: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Andrew Proctor	Transaction ID: 01130.E24505 Date of Disbursement
Mailing Address 1203 Wesley Avenue #109	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Savoy State IL Zip Code 61874-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<input type="text" value="1600.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA CNSLTNG: POLITICAL GRASSROOTS	
B. Full Name (Last, First, Middle Initial) Andrew Proctor	Transaction ID: 01130.E24554 Date of Disbursement
Mailing Address 1203 Wesley Avenue #109	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Savoy State IL Zip Code 61874-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Polit. Grassroots Candidate Name	<input type="text" value="3000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA CNSLTNG: POLIT. GRASS-ROOTS	
C. Full Name (Last, First, Middle Initial) Michael Quinlan	Transaction ID: 01130.E24318 Date of Disbursement
Mailing Address 2269 W. 109th St.	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Chicago State IL Zip Code 60643-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<input type="text" value="1500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA CNSLTNG. POLITICAL GRASSROOTS	

SUBTOTAL of Disbursements This Page (optional)

6100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Michael Rasmussen

Mailing Address 319 Bonnie Brae Lane

City State Zip Code
 Eureka IL 61530-

Purpose of Disbursement
 FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24452

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTNG: POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)

Michael Rasmussen

Mailing Address 319 Bonnie Brae Lane

City State Zip Code
 Eureka IL 61530-

Purpose of Disbursement
 FEA Cnsltng: Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

750.00

FEA CNSLTNG: POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)

Michael Rasmussen

Mailing Address 319 Bonnie Brae Lane

City State Zip Code
 Eureka IL 61530-

Purpose of Disbursement
 FEA Cnsltng: Polt. Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

FEA CNSLTNG: POLT. GRASSR-
OOTS

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 / 534

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Matthew Rentschler

Mailing Address 903 Newcastle #6

City Champaign State IL Zip Code 61822-

Purpose of Disbursement
FEA Communications Cnslt.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24519
Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

FEA COMMUNICATIONS CNSLT.

B.

Full Name (Last, First, Middle Initial)
Craig Roberts

Mailing Address 916 G Street NW #505

City Washington State DC Zip Code 20004-

Purpose of Disbursement
FEA Food & Beverages Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24570
Date of Disbursement

/ /

Amount of Each Disbursement this Period

873.37

FEA FOOD & BEVERAGES REIM-
BURSEMENT

C.

Full Name (Last, First, Middle Initial)
Craig Roberts

Mailing Address 916 G Street NW #505

City Washington State DC Zip Code 20004-

Purpose of Disbursement
FEA Travel Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24571
Date of Disbursement

/ /

Amount of Each Disbursement this Period

638.35

FEA TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

4511.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Donn Salvosa	Transaction ID: 01130.E24513 Date of Disbursement
Mailing Address 9911 Oak Branch Drive	<div> <div>MM / DD / YY</div> <div>11 / 01 / 2010</div> </div>
City State Zip Code Vienna VA 22181-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Travel Reimbursement Candidate Name	<div> <div>Amount</div> <div>213.40</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA TRAVEL REIMBURSEMENT
B. Full Name (Last, First, Middle Initial) Christopher Sarley	Transaction ID: 01130.E24566 Date of Disbursement
Mailing Address 115 C Street, SE	<div> <div>MM / DD / YY</div> <div>11 / 12 / 2010</div> </div>
City State Zip Code Washington DC 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Supplies: Paper & Labels Candidate Name	<div> <div>Amount</div> <div>86.54</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA SUPPLIES: PAPER & LABELS
C. Full Name (Last, First, Middle Initial) Christopher Sarley	Transaction ID: 01130.E24565 Date of Disbursement
Mailing Address 115 C Street, SE	<div> <div>MM / DD / YY</div> <div>11 / 12 / 2010</div> </div>
City State Zip Code Washington DC 20003-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Travel Reimbursement Candidate Name	<div> <div>Amount</div> <div>2120.59</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEA TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

2420.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Christopher Sarley

Mailing Address 115 C Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
FEA Food & Beverage Reimbursement
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24564
Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.93

FEA FOOD & BEVERAGE REIMB-
URSEMENT

B.

Full Name (Last, First, Middle Initial)
Peter Schellenbach

Mailing Address 634 Drexel

City Glencoe State IL Zip Code 60022-

Purpose of Disbursement
FEA Cnslting. Political Grassroots
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24357
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1700.00

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
FEA Payroll
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24217
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1375.00

FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3241.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1475.00

FEA PAYROLL

B.

Full Name (Last, First, Middle Initial)
Tyler Sidell

Mailing Address 109 Kay Ct

City East Peoria State IL Zip Code 61611-4511

Purpose of Disbursement
FEA Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1375.00

FEA PAYROLL

C.

Full Name (Last, First, Middle Initial)
Smartech Corp.

Mailing Address PO Box 11181

City Chattanooga State TN Zip Code 37401-2181

Purpose of Disbursement
FEA: Generic Party GOTV VOIP Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

269.30

FEA: GENERIC PARTY GOTV
VOIP PHONES

SUBTOTAL of Disbursements This Page (optional)

3119.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
Smartech Corp.

Mailing Address PO Box 11181

City State Zip Code
Chattanooga TN 37401-2181

Purpose of Disbursement
FEA: Generic Party GOTV VOIP Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2531.36

FEA: GENERIC PARTY GOTV
VOIP PHONES

B.

Full Name (Last, First, Middle Initial)
Smartech Corp.

Mailing Address PO Box 11181

City State Zip Code
Chattanooga TN 37401-2181

Purpose of Disbursement
FEA: Generic Party GOTV VOIP Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

952.93

FEA: GENERIC PARTY GOTV
VOIP PHONES

C.

Full Name (Last, First, Middle Initial)
Smartech Corp.

Mailing Address PO Box 11181

City State Zip Code
Chattanooga TN 37401-2181

Purpose of Disbursement
FEA: Generic Party GOTV VOIP Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1044.33

FEA: GENERIC PARTY GOTV
VOIP PHONES

SUBTOTAL of Disbursements This Page (optional)

4528.62

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c		29		x 30b

NAME OF COMMITTEE (In Full)
Illinois Republican Party

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Suzette Sosa	Transaction ID: 01130.E24336 Date of Disbursement																				
Mailing Address 5540 Oakton Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Morton Grove State IL Zip Code 60053- Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	1	5	0	0	0	0														
1	5	0	0	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING. POLITICAL GRASSROOTS																					
B. Full Name (Last, First, Middle Initial) James Sprakties	Transaction ID: 01130.E24454 Date of Disbursement																				
Mailing Address 12228 Black Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Morrison State IL Zip Code 61270- Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	7	5	0	0	0	0														
7	5	0	0	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING: POLITICAL GRASSROOTS																					
C. Full Name (Last, First, Middle Initial) James Sprakties	Transaction ID: 01130.E24507 Date of Disbursement																				
Mailing Address 12228 Black Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Morrison State IL Zip Code 61270- Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>7</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> </table>	7	5	0	0	0	0														
7	5	0	0	0	0																
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTING: POLITICAL GRASSROOTS																					

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) James Sprakties	Transaction ID: 01130.E24556 Date of Disbursement																				
Mailing Address 12228 Black Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Morrison State IL Zip Code 61270-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																			
750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG: POLIT. GRASS-ROOTS																					
B. Full Name (Last, First, Middle Initial) State of Illinois	Transaction ID: 01130.E24238 Date of Disbursement																				
Mailing Address State Board of Elections 1020 S. Spring St., P.O. Box 4187	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City Springfield State IL Zip Code 62708-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA: Statewide Voter File Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA: STATEWIDE VOTER FILE																					
C. Full Name (Last, First, Middle Initial) Raina Stoianof	Transaction ID: 01130.E24350 Date of Disbursement																				
Mailing Address 6410 N. Hoyne Unit 3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60645-	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng. Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
FEA CNSLTNG. POLITICAL GRASSROOTS																					

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Tom Stoner	Transaction ID: 01130.E24367 Date of Disbursement
Mailing Address 630 N. 3rd Street #78	<div> <div>10</div> <div>29</div> <div>2010</div> </div>
City Philadelphia State PA Zip Code 19123-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Ballot Integrity Candidate Name	<div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: BALLOT INTE-GRITY
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Paul Sumner	Transaction ID: 01130.E24349 Date of Disbursement
Mailing Address 7506 N. Ridge Ave. Unit F	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60645-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING. POLITICAL GRASSROOTS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Phyllis Sunner	Transaction ID: 01130.E24344 Date of Disbursement
Mailing Address 7506 N. Ridge Blvd. Unit F	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Chicago State IL Zip Code 60645-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<div>1300.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING. POLITICAL GRASSROOTS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

7800.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 / 534

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Targeted Creative Communications, Inc.	Transaction ID: 01130.E24274 Date of Disbursement
Mailing Address 106 S. Columbus St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Kirk	<div> <div></div> <div>89964.61</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA VOLUNTEER MAIL-KIRK
B. Full Name (Last, First, Middle Initial) Targeted Creative Communications, Inc.	Transaction ID: 01130.E24279 Date of Disbursement
Mailing Address 106 S. Columbus St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Kirk	<div> <div></div> <div>78618.90</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA VOLUNTEER MAIL-KIRK
C. Full Name (Last, First, Middle Initial) Targeted Creative Communications, Inc.	Transaction ID: 01130.E24290 Date of Disbursement
Mailing Address 106 S. Columbus St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 7 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22314-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Volunteer Mail-Kirk	<div> <div></div> <div>80340.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA VOLUNTEER MAIL-KIRK

SUBTOTAL of Disbursements This Page (optional)

248923.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)

Alexander Torres

Mailing Address 3433 West Melrose

City Chicago State IL Zip Code 60618-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
GRASSROOTS

B.

Full Name (Last, First, Middle Initial)

Ryan Tracy

Mailing Address 1214 Portner Rd.

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
FEA Food & Beverages Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24567

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA FOOD & BEVERAGES REIM-
BURSEMENT

C.

Full Name (Last, First, Middle Initial)

Ryan Tracy

Mailing Address 1214 Portner Rd.

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
FEA Mileage Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24569

Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA MILEAGE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 201 / 534

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Ryan Tracy Mailing Address 1214 Portner Rd.	Transaction ID: 01130.E24568 Date of Disbursement <div> <div>11</div> <div>12</div> <div>2010</div> </div>
City Alexandria State VA Zip Code 22314- Purpose of Disbursement FEA Travel Reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>199.23</div> FEA TRAVEL REIMBURSEMENT
B. Full Name (Last, First, Middle Initial) Lance Trover Mailing Address 616 N 5th St City Vienna State IL Zip Code 62995-1633 Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24457 Date of Disbursement <div>10</div> <div>14</div> <div>2010</div> Amount of Each Disbursement this Period <div>3250.00</div> FEA CNSLTING: POLITICAL GRASSROOTS
C. Full Name (Last, First, Middle Initial) Lance Trover Mailing Address 616 N 5th St City Vienna State IL Zip Code 62995-1633 Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01130.E24508 Date of Disbursement <div>10</div> <div>28</div> <div>2010</div> Amount of Each Disbursement this Period <div>3250.00</div> FEA CNSLTING: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

6699.23

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27		28a		28b		28c		29		x 30b

NAME OF COMMITTEE (In Full)
Illinois Republican Party

Full Name (Last, First, Middle Initial)
Lance Trover

Mailing Address 616 N 5th St

City	State	Zip Code
Vienna	IL	62995-1633

Purpose of Disbursement	FEA Cnsltng: Polit. Grassroots
-------------------------	--------------------------------

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

3750.00

FEA CNSLTNG: POLIT. GRASS-ROOTS

Full Name (Last, First, Middle Initial)
Ty-comp

Mailing Address 1105 E. War Memorial Drive

City	State	Zip Code
Peoria Heights	IL	61616-

Purpose of Disbursement	FEA Volunteer Mail-Schilling

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

1000.00

FEA VOLUNTEER MAIL-SCHILL-
ING

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 411 E Monroe

City	State	Zip Code
Springfield	IL	62701-

Purpose of Disbursement	FEA Volunteer Mail-Hultgren
-------------------------	-----------------------------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

8789.56

FEA VOLUNTEER MAIL-HULTGR-
EN

SUBTOTAL of Disbursements This Page (optional)

13539.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
United States Postal Service

Mailing Address 411 E Monroe

City Springfield State IL Zip Code 62701-

Purpose of Disbursement
FEA Volunteer Mail-Hultgren

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24658

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

5728.04

FEA VOLUNTEER MAIL-HULTGR-
EN

B.

Full Name (Last, First, Middle Initial)
Eric Voogd

Mailing Address 1028 N. Honroe Street

City Chicago State IL Zip Code 60622-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24278

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

750.00

FEA CNSLTING. POLITICAL
GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
Eric Wallace

Mailing Address 5050 East End Ave.
Unit 2A

City Chicago State IL Zip Code 60615-

Purpose of Disbursement
FEA Cnslting. Political Grassroots

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24314

Date of Disbursement

10 / 28 / 2010

Amount of Each Disbursement this Period

1500.00

FEA CNSLTING. POLITICAL
GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

7978.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.

Full Name (Last, First, Middle Initial)
 Jennifer Wallace

Mailing Address 5050 East End Ave.
 Unit 2A

City Chicago State IL Zip Code 60615-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24313
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
 GRASSROOTS

B.

Full Name (Last, First, Middle Initial)
 Darva Watkins

Mailing Address 6139 S. Bernon St.

City Chicago State IL Zip Code 60637-

Purpose of Disbursement
 FEA Cnslting. Political Grassroots

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24360
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING. POLITICAL
 GRASSROOTS

C.

Full Name (Last, First, Middle Initial)
 David Watts

Mailing Address 2500 North Van Dorn St.
 Apt #806

City Alexandria State VA Zip Code 22302-

Purpose of Disbursement
 FEA Cnslting: Political Grassroots

Candidate Name

Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 01130.E24458
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

FEA CNSLTING: POLITICAL
 GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

6366.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) David Watts	Transaction ID: 01130.E24509 Date of Disbursement
Mailing Address 2500 North Van Dorn St. Apt #806	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22302-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div> <div>4166.66</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLITICAL GRASSROOTS
B. Full Name (Last, First, Middle Initial) David Watts	Transaction ID: 01130.E24558 Date of Disbursement
Mailing Address 2500 North Van Dorn St. Apt #806	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
City Alexandria State VA Zip Code 22302-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Polit. Grassroots Candidate Name	<div> <div>4166.66</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLIT. GRASS-ROOTS
C. Full Name (Last, First, Middle Initial) Amanda Wears	Transaction ID: 01130.E24221 Date of Disbursement
Mailing Address 2008 W. Warner Avenue 1 E	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City Chicago State IL Zip Code 60618-3910	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Candidate Name	<div> <div>1732.17</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA PAYROLL

SUBTOTAL of Disbursements This Page (optional)

10065.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 206 / 534

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Amanda Wears	Transaction ID: 01130.E24302 Date of Disbursement																				
Mailing Address 2008 W. Warner Avenue 1 E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Chicago State IL Zip Code 60618-3910	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1732.18</td> </tr> </table>	1732.18																			
1732.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type FEA PAYROLL																					
B. Full Name (Last, First, Middle Initial) Amanda Wears	Transaction ID: 01130.E24387 Date of Disbursement																				
Mailing Address 2008 W. Warner Avenue 1 E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Chicago State IL Zip Code 60618-3910	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1732.17</td> </tr> </table>	1732.17																			
1732.17																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type FEA PAYROLL																					
C. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24222 Date of Disbursement																				
Mailing Address 1683 Constitution Dr	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1884.04</td> </tr> </table>	1884.04																			
1884.04																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type FEA PAYROLL																					

SUBTOTAL of Disbursements This Page (optional)

5348.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24304 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>10</div> <div>28</div> <div>2010</div> </div>
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Candidate Name	<div>1884.05</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA PAYROLL
B. Full Name (Last, First, Middle Initial) Joe Weiss	Transaction ID: 01130.E24389 Date of Disbursement
Mailing Address 1683 Constitution Dr	<div> <div>11</div> <div>15</div> <div>2010</div> </div>
City Glenview State IL Zip Code 60026-7705	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Candidate Name	<div>1884.04</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA PAYROLL
C. Full Name (Last, First, Middle Initial) Andrew Weissert	Transaction ID: 01130.E24459 Date of Disbursement
Mailing Address 2683 Stewart Avenue	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City Evanston State IL Zip Code 60201-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting: Political Grassroots Candidate Name	<div>600.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTING: POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

4368.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) Andrew Weissert	Transaction ID: 01130.E24510 Date of Disbursement
	Mailing Address 2683 Stewart Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
	City Evanston State IL Zip Code 60201-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Cnslting: Political Grassroots</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div> <div></div> <div>600.00</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA CNSLTNG: POLITICAL GRASSROOTS
B.	Full Name (Last, First, Middle Initial) Andrew Weissert	Transaction ID: 01130.E24559 Date of Disbursement
	Mailing Address 2683 Stewart Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
	City Evanston State IL Zip Code 60201-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Cnslting: Polit. Grassroots</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div> <div></div> <div>1100.00</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA CNSLTNG: POLIT. GRASS-ROOTS
C.	Full Name (Last, First, Middle Initial) Jay Werner	Transaction ID: 01130.E24356 Date of Disbursement
	Mailing Address 4834 W. Argyle St.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 1 0</div> </div>
	City Chicago State IL Zip Code 60630-	Amount of Each Disbursement this Period
	<div> <div>Purpose of Disbursement FEA Cnslting. Political Grassroots</div> <div>Candidate Name</div> <div>Category/Type</div> </div>	<div> <div></div> <div>1800.00</div> </div>
	<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	FEA CNSLTNG. POLITICAL GRASSROOTS

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) David Wilson	Transaction ID: 01130.E24312 Date of Disbursement
Mailing Address 222 E. Chestnut St. Unit 8B	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Chicago State IL Zip Code 60611-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Cnslting. Political Grassroots Candidate Name	<input type="text" value="1400.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA CNSLTING. POLITICAL GRASSROOTS	
B. Full Name (Last, First, Middle Initial) Wolfe Rewards & Loyalty	Transaction ID: 01130.E24474 Date of Disbursement
Mailing Address 495 Mansfield Ave	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Pittsburgh State PA Zip Code 15205-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Trvl & Mls-no vend. itemiz. req Candidate Name	<input type="text" value="59785.60"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA TRVL & MLS-NO VEND. ITEMIZ. REQ	
C. Full Name (Last, First, Middle Initial) Alexander George Yergin	Transaction ID: 01130.E24528 Date of Disbursement
Mailing Address 2101 16th Street NW #718	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Washington State DC Zip Code 20009-	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Travel Reimbursement Candidate Name	<input type="text" value="494.25"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
FEA TRAVEL REIMBURSEMENT	

SUBTOTAL of Disbursements This Page (optional)

61679.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) Mike Zolnierowicz	Transaction ID: 01130.E24460 Date of Disbursement																				
Mailing Address 3648 Venard Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City Downers Grove State IL Zip Code 60515-1349	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLITICAL GRASSROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Mike Zolnierowicz	Transaction ID: 01130.E24511 Date of Disbursement																				
Mailing Address 3648 Venard Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	1	0												
City Downers Grove State IL Zip Code 60515-1349	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Political Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLITICAL GRASSROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Mike Zolnierowicz	Transaction ID: 01130.E24560 Date of Disbursement																				
Mailing Address 3648 Venard Rd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City Downers Grove State IL Zip Code 60515-1349	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEA Cnsltng: Polit. Grassroots Candidate Name	<table border="1"> <tr> <td colspan="10">6500.00</td> </tr> </table>	6500.00																			
6500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FEA CNSLTNG: POLIT. GRASS-ROOTS																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

13500.00

TOTAL This Period (last page this line number only)

869837.59

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 211 / 534

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
Cole Taylor Non-F

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

TOTAL AMOUNT TRANSFERRED

2337.32

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2337.32

Transaction ID: H3C322849

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 212 / 534

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
Cole Taylor Non-F

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

TOTAL AMOUNT TRANSFERRED

395.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

395.00

Transaction ID: H3C322850

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 213 / 534

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
Cole Taylor Non-F

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

TOTAL AMOUNT TRANSFERRED

395.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

395.00

Transaction ID: H3C322851

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 214 / 534

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
Cole Taylor Non-F

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

TOTAL AMOUNT TRANSFERRED

38760.02

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

38760.02

Transaction ID: H3C322853

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 215 / 534
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
 Cole Taylor Non-F

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

11850.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

11850.00

Transaction ID: H3C322854

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 216 / 534

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

NAME OF ACCOUNT

IL Republican Party
Cole Taylor Non-F

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

TOTAL AMOUNT TRANSFERRED

14221.09

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

14221.09

Transaction ID: H3C322856

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

67958.43

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

67958.43

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 217 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Advantage Payroll Services

Mailing Address

1000 E Warrenville Rd

City

State

Zip Code

Naperville

IL

60563-1867

Purpose of Disbursement:
Payroll Service Fees

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

430547.15

Date

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: H401130.E24226

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.14

23.10

29.24

B. Full Name (Last, First, Middle Initial)
Ace Sign Co.

Mailing Address

402 N. Fourth St.

City

State

Zip Code

Springfield

IL

62702-

Purpose of Disbursement:
Party Printing

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

431334.94

Date

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: H401130.E24229

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

82.95

312.05

395.00

C. Full Name (Last, First, Middle Initial)
Aloha Document Services, Inc.

Mailing Address

60 E. Van Buren St. S-1502

City

State

Zip Code

Chicago

IL

60605-

Purpose of Disbursement:
Generic Party Printing

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

433236.48

Date

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: H401130.E24230

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

96.56

363.27

459.83

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

185.65

698.42

884.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 218 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Building Maintenance Services

Mailing Address

3260 Northfield Dr.

City	State	Zip Code
Springfield	IL	62702-

Purpose of Disbursement:
Janitorial ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

431724.94

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24232

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

81.90

308.10

390.00

B. Full Name (Last, First, Middle Initial)
Having A Ball Productions

Mailing Address

1935 S. 10 1/2 St.

City	State	Zip Code
Springfield	IL	62703-

Purpose of Disbursement:
Party DecorationsCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

432134.94

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24234

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

86.10

323.90

410.00

C. Full Name (Last, First, Middle Initial)
FedEx

Mailing Address

P.O. Box 727

City	State	Zip Code
Memphis	TN	38101-2112

Purpose of Disbursement:
Parcel DeliveryCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

430939.94

Date

M	M
1	0

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24235

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

82.49

310.30

392.79

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

250.49

942.30

1192.79

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 219 / 534
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 LexisNexis

Mailing Address

P.O. Box 2314

City State Zip Code

Carol Stream IL 60132-

Purpose of Disbursement:
Research ApplicationCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

432776.65

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24236

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

79.53

299.18

378.71

B. Full Name (Last, First, Middle Initial)
 Party Creations

Mailing Address

3651 S. 6th St. P.O. Box 3172

City State Zip Code

Springfield IL 62708-

Purpose of Disbursement:
Equipment RentalCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

432397.94

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24237

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

55.23

207.77

263.00

C. Full Name (Last, First, Middle Initial)
 Illinois Department of Agriculture

Mailing Address

P.O. Box 19427

City State Zip Code

Springfield IL 62794-9427

Purpose of Disbursement:
DuQuoin Fair Cart RentalCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

469652.32

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24245

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

192.15

722.85

915.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

326.91

1229.80

1556.71

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 220 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

Home City Ice

Mailing Address

P.O. Box 111116

City State Zip Code

Cincinnati OH 45211-

Purpose of Disbursement:
Ice and BeveragesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

449276.58

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24246

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

127.26

478.74

606.00

B. Full Name (Last, First, Middle Initial)

Quicksilver Mailing Services

Mailing Address

PO Box 1454

City State Zip Code

Springfield IL 62705-1454

Purpose of Disbursement:
Generic Non-FEA NoCand Mail ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

434440.30

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24247

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

252.80

951.02

1203.82

C. Full Name (Last, First, Middle Initial)

Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City State Zip Code

Washington DC 20003-

Purpose of Disbursement:
Computer SoftwareCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

435015.30

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24248

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

120.75

454.25

575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

500.81

1884.01

2384.82

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City	State	Zip Code
------	-------	----------

Washington	DC	20003-
------------	----	--------

Purpose of Disbursement:
 Computer Software

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

435590.30

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24249

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

120.75

454.25

575.00

B. Full Name (Last, First, Middle Initial)
 Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City	State	Zip Code
------	-------	----------

Washington	DC	20003-
------------	----	--------

Purpose of Disbursement:
 Computer Software

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

436165.30

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24250

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

120.75

454.25

575.00

C. Full Name (Last, First, Middle Initial)
 Ace Sign Co.

Mailing Address

402 N. Fourth St.

City	State	Zip Code
------	-------	----------

Springfield	IL	62702-
-------------	----	--------

Purpose of Disbursement:
 Party Printing

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

437242.30

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24251

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

105.42

396.58

502.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

346.92

1305.08

1652.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 222 / 534
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 Adlexx Corporation

Mailing Address
 PO Box 9594

City State Zip Code
 Springfield IL 62791-9594

Purpose of Disbursement:
 St. Fair Banner No Fed Cand.

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

468104.21

Date M M / D D / Y Y Y Y
 1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24255

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

128.07

481.81

609.88

B. Full Name (Last, First, Middle Initial)
 Party Creations

Mailing Address
 3651 S. 6th St. P.O. Box 3172

City State Zip Code
 Springfield IL 62708-

Purpose of Disbursement:
 Equipment Rental

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

437824.78

Date M M / D D / Y Y Y Y
 1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24256

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

122.32

460.16

582.48

C. Full Name (Last, First, Middle Initial)
 Northfield Inn & Suites

Mailing Address
 3280 Northfield Dr

City State Zip Code
 Springfield IL 62702-1400

Purpose of Disbursement:
 Party Room Rental and Catering

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

452147.33

Date M M / D D / Y Y Y Y
 1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24257

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

276.03

1038.42

1314.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

526.42

1980.39

2506.81

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 223 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Wells Fargo Financial Leasing

 Mailing Address
PO Box 7777

City	State	Zip Code
San Francisco	CA	94120-7777

 Purpose of Disbursement:
Postage Meter Lease

 Category/
Type

 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

450832.88

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24258

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
326.82		1229.48		1556.30

B. Full Name (Last, First, Middle Initial)
Uncle Joes Sauces & Rubs

 Mailing Address
201 N. Avenue

City	State	Zip Code
Ina	IL	62846-

 Purpose of Disbursement:
St.Fair Food & Bvgs. No Fed Cand.

 Category/
Type

 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

474505.82

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24259

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1019.24		3834.26		4853.50

C. Full Name (Last, First, Middle Initial)
Aristotle International

 Mailing Address
205 Pennsylvania Ave., SE

City	State	Zip Code
Washington	DC	20003-

 Purpose of Disbursement:
Computer Software

 Category/
Type

 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

436740.30

 Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24260

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
120.75		454.25		575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1466.81		5517.99		6984.80

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 224 / 534

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 FedEx Office

Mailing Address

Customer Administrative Services Box 672085

City State Zip Code

Dallas TX 75267-

Purpose of Disbursement:
Parcel DeliveryCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

476938.07

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24262

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

510.77

1921.48

2432.25

B. Full Name (Last, First, Middle Initial)
 City Water Light & Power

Mailing Address

Municipal Center West

City State Zip Code

Springfield IL 62757-

Purpose of Disbursement:
UtilitiesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

448670.58

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24263

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

296.43

1115.14

1411.57

C. Full Name (Last, First, Middle Initial)
 Aloha Document Services, Inc.

Mailing Address

60 E. Van Buren St. S-1502

City State Zip Code

Chicago IL 60605-

Purpose of Disbursement:
Generic Party PrintingCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

468737.32

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: H401130.E24264

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

132.95

500.16

633.11

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

940.15

3536.78

4476.93

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 225 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
VoiceText.com

Mailing Address

211 East 7th Street 12th Floor

 City State Zip Code
Austin TX 78701-

 Purpose of Disbursement:
Telephone Service
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

444375.19

 Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24265

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
190.80		717.75		908.55

B. Full Name (Last, First, Middle Initial)
Huckaby Davis Lisker

Mailing Address

228 South Washington Street Suite 115

 City State Zip Code
Alexandria VA 22314-

 Purpose of Disbursement:
Cnslting:Accounting&FEC NonEmployee
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

447259.01

 Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24266

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
408.33		1536.09		1944.42

C. Full Name (Last, First, Middle Initial)
Clifton Gunderson LLP

Mailing Address

1301 W 22nd St Suite 1100

 City State Zip Code
Oak Brook IL 60523-2006

 Purpose of Disbursement:
Accounting Services
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

467494.33

 Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24268

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3222.87		12124.13		15347.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3822.00		14377.97		18199.97

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 226 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

Brien Sheahan

Mailing Address

5 St. Regis Court

City	State	Zip Code
Elmhurst	IL	60126-

Purpose of Disbursement:
Legal ConsultingCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

443057.28

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24270

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1098.83

4133.67

5232.50

B. Full Name (Last, First, Middle Initial)

Brien Sheahan

Mailing Address

5 St. Regis Court

City	State	Zip Code
Elmhurst	IL	60126-

Purpose of Disbursement:
Travel ReimbursementCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

443320.28

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24271

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

55.23

207.77

263.00

C. Full Name (Last, First, Middle Initial)

Brien Sheahan

Mailing Address

5 St. Regis Court

City	State	Zip Code
Elmhurst	IL	60126-

Purpose of Disbursement:
Paper,Pens,Storage ContainersCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

443466.64

Date

M	M
1	0

 /

D	D
2	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24272

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30.74

115.62

146.36

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1184.80

4457.06

5641.86

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 227 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

LHF Specialty Advertising

Mailing Address

1106 North Stephens

City State Zip Code

Springfield IL 62702-

Purpose of Disbursement:
Party MomentosCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

445314.59

Date M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: H401130.E24273

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

197.27

742.13

939.40

B. Full Name (Last, First, Middle Initial)

Mack Communications

Mailing Address

1280 Iroquois Avenue Suite 406

City State Zip Code

Naperville IL 60563-

Purpose of Disbursement:
Communications Cnslt.Category/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

486977.87

Date M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: H401130.E24297

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1050.00

3950.00

5000.00

C. Full Name (Last, First, Middle Initial)

Law Offices of John Fogarty Jr.

Mailing Address

4043 N. Ravenswood Suite 225

City State Zip Code

Chicago IL 60613-

Purpose of Disbursement:
Legal FeesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

481938.07

Date M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: H401130.E24309

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1050.00

3950.00

5000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2297.27

8642.13

10939.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 228 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Advantage Payroll Services

Mailing Address

1000 E Warrenville Rd

City	State	Zip Code
Naperville	IL	60563-1867

Purpose of Disbursement:
Payroll Service FeeCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

481977.87

Date

M	M
1	0

 /

D	D
2	8

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24361

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.36		31.44		39.80

B. Full Name (Last, First, Middle Initial)
205 Randolph Investors, LLC

Mailing Address

205 W. Randolph

City	State	Zip Code
Chicago	IL	60606-

Purpose of Disbursement:
RentCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

493502.76

Date

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24363

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1034.23		3890.66		4924.89

C. Full Name (Last, First, Middle Initial)
415 Property Mgmt

Mailing Address

415 West State Street 104

City	State	Zip Code
Geneva	IL	60134-

Purpose of Disbursement:
RentCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

494042.76

Date

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24365

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
113.40		426.60		540.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1155.99		4348.70		5504.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 229 / 534
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
 Vista Realty, Inc.

Mailing Address

220 W. Carpenter St.

City	State	Zip Code
------	-------	----------

Springfield	IL	62702-
-------------	----	--------

Purpose of Disbursement:
 Rent

Category/ Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

488577.87

Date

M	M
1	0

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24366

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

336.00

1264.00

1600.00

B. Full Name (Last, First, Middle Initial)
 Steve Ettinger

Mailing Address

1548 W Capitol Ave

City	State	Zip Code
Springfield	IL	62704-1514

Purpose of Disbursement:
 Travel Reimbursement

Category/ Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496477.37

Date

M	M
1	1

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24377

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.52

62.14

78.66

C. Full Name (Last, First, Middle Initial)
 Megan Piazza

Mailing Address

1236 Lake Avenue

City	State	Zip Code
Wilmette	IL	60091-

Purpose of Disbursement:
 Travel Reimbursement

Category/ Type

Activity or Event Identifier:
 ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496541.00

Date

M	M
1	1

 /

D	D
1	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24378

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.36

50.27

63.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

365.88

1376.41

1742.29

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 230 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

City Water Light & Power

Mailing Address

Municipal Center West

City State Zip Code

Springfield IL 62757-

Purpose of Disbursement:
UtilitiesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496398.71

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	1	0

Transaction ID: H401130.E24379

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

449.52

1691.04

2140.56

B. Full Name (Last, First, Middle Initial)

AT&T

Mailing Address

Bill Payment Center

City State Zip Code

Saginaw MI 48663-

Purpose of Disbursement:
Telephone ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

494258.15

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	1	0

Transaction ID: H401130.E24380

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

45.23

170.16

215.39

C. Full Name (Last, First, Middle Initial)

Mack Communications

Mailing Address

1280 Iroquois Avenue Suite 406

City State Zip Code

Naperville IL 60563-

Purpose of Disbursement:
Travel ReimbursementCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500552.69

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24383

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

5.38

20.26

25.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

500.13

1881.46

2381.59

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 231 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Advantage Payroll Services

Mailing Address

1000 E Warrenville Rd

 City State Zip Code
Naperville IL 60563-1867

 Purpose of Disbursement:
Payroll Service Fee
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500527.05

 Date M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: H401130.E24391

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.38		24.02		30.40

B. Full Name (Last, First, Middle Initial)
Lake Area Disposal Services

Mailing Address

2106 E. Cornell

 City State Zip Code
Springfield IL 62703-

 Purpose of Disbursement:
Waste Disposal
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496575.56

 Date M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: H401130.E24395

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.48		69.52		88.00

C. Full Name (Last, First, Middle Initial)
Sams Club

Mailing Address

P.O. Box 660617, Dept. 49

 City State Zip Code
Dallas TX 75266-0617

 Purpose of Disbursement:
Office Supplies
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496903.18

 Date M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: H401130.E24396

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
45.86		172.54		218.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE	232 / 534
FOR LINE 21a OF FORM 3X	

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address

Bill Payment Center

City	State	Zip Code
Saginaw	MI	48663-

Purpose of Disbursement:
Telephone ServiceCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496803.18

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24397

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

46.46

174.80

221.26

B. Full Name (Last, First, Middle Initial)
Puritan Springs Water

Mailing Address

1709 North Kickapoo

City	State	Zip Code
Lincoln	IL	62656-

Purpose of Disbursement:
Bottled WaterCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496581.92

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24398

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.34

5.02

6.36

C. Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address

P.O. Box 3001

City	State	Zip Code
Southeastern	PA	19398-

Purpose of Disbursement:
Cable TelevisionCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499875.49

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24399

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

43.66

164.24

207.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

91.46

344.06

435.52

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 233 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Coffee Unlimited

Mailing Address

1408 South Clinton, #1701

 City State Zip Code
Chicago IL 60601-

 Purpose of Disbursement:
Office Supplies
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499111.13

 Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24400

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.26

8.49

10.75

B. Full Name (Last, First, Middle Initial)
Hanson Information Systems

Mailing Address

2433 West White Oaks Dr.

 City State Zip Code
Springfield IL 62704-

 Purpose of Disbursement:
Internet Access
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499667.59

 Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24401

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

69.55

261.66

331.21

C. Full Name (Last, First, Middle Initial)
Commonwealth Edison

Mailing Address

P.O. Box 6111

 City State Zip Code
Carol Stream IL 60197-

 Purpose of Disbursement:
Utilities
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

498956.40

 Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24402

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

84.95

319.56

404.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

156.76

589.71

746.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 234 / 534

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address

P.O. Box 3001

City

State

Zip Code

Southeastern

PA

19398-

Purpose of Disbursement:

Cable Television

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500094.22

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24403

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

45.93

172.80

218.73

B. Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address

P.O. Box 3001

City

State

Zip Code

Southeastern

PA

19398-

Purpose of Disbursement:

Cable Television

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500209.12

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24404

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

24.13

90.77

114.90

C. Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address

Lockbox 577

City

State

Zip Code

Carol Stream

IL

60132-

Purpose of Disbursement:

Parcel Delivery

Category/
Type

Activity or Event Identifier:

ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496487.56

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24405

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.01

56.45

71.46

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

85.07

320.02

405.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 235 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

US Bank

Mailing Address

P.O. Box 790448

City

State

Zip Code

Saint Louis

MO

63179-0448

Purpose of Disbursement:
Copier/Scanner LeaseCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500876.22

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24406

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

67.94

255.59

323.53

B. Full Name (Last, First, Middle Initial)

Coffee Unlimited

Mailing Address

1408 South Clinton, #1701

City

State

Zip Code

Chicago

IL

60601-

Purpose of Disbursement:
Office SuppliesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499149.38

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24407

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.03

30.22

38.25

C. Full Name (Last, First, Middle Initial)

Staples

Mailing Address

P.O. Box 689020

City

State

Zip Code

Des Moines

IA

50368-

Purpose of Disbursement:
Office SuppliesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

498190.18

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24408

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

13.02

48.98

62.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

88.99

334.79

423.78

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 236 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Ameren Illinois

Mailing Address

P.O. Box 66884

City State Zip Code

Saint Louis MO 63166-

Purpose of Disbursement:
Utilities

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500986.46

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24409

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

23.15

87.09

110.24

B. Full Name (Last, First, Middle Initial)
Illinois Labor Law Poster Service

Mailing Address

1337 Wabash Avenue Ste. B

City State Zip Code

Springfield IL 62704-

Purpose of Disbursement:
Federal & State Labor Law Posters

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

501053.71

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24410

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.12

53.13

67.25

C. Full Name (Last, First, Middle Initial)
DirectTV

Mailing Address

P.O. Box 60036

City State Zip Code

Los Angeles CA 90060-

Purpose of Disbursement:
Cable Television

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499100.38

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24411

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

30.24

113.74

143.98

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

67.51

253.96

321.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 237 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)

Watts Copy System

Mailing Address

2860 Stanton Avenue

City State Zip Code

Springfield IL 62708-

Purpose of Disbursement:
Copier LeaseCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

499336.38

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24412

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

39.27

147.73

187.00

B. Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address

P.O. Box 3001

City State Zip Code

Southeastern PA 19398-

Purpose of Disbursement:
Cable TelevisionCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500217.12

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24413

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.68

6.32

8.00

C. Full Name (Last, First, Middle Initial)

Ameren Cilco

Mailing Address

P.O. Box 66826

City State Zip Code

Saint Louis MO 63166-

Purpose of Disbursement:
UtilitiesCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500496.65

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24414

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

34.99

131.64

166.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

75.94

285.69

361.63

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 238 / 534

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
The Party Tree Rental, Inc.

Mailing Address

3233 Mathers Rd

City	State	Zip Code
Springfield	IL	62711-

Purpose of Disbursement:
St. Fair Equip Rental No Fed. Cand.

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

498551.89

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24415

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

75.96

285.75

361.71

B. Full Name (Last, First, Middle Initial)
Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement:
Computer Software

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

497478.18

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24417

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

120.75

454.25

575.00

C. Full Name (Last, First, Middle Initial)
Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement:
Computer Software

Category/
Type

Activity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

498053.18

Date

M	M
1	1

 /

D	D
1	5

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: H401130.E24418

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

120.75

454.25

575.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

317.46

1194.25

1511.71

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 239 / 534
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial)
Aristotle International

Mailing Address

205 Pennsylvania Ave., SE

City State Zip Code

Washington DC 20003-

Purpose of Disbursement:
Computer SoftwareCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

498128.18

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24419

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

15.75

59.25

75.00

B. Full Name (Last, First, Middle Initial)
Comcast Cable

Mailing Address

P.O. Box 3001

City State Zip Code

Southeastern PA 19398-

Purpose of Disbursement:
Cable TelevisionCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

500330.02

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	1	0

Transaction ID: H401130.E24420

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

23.71

89.19

112.90

C. Full Name (Last, First, Middle Initial)
West Bend Mutual Insurance

Mailing Address

188 Industrial Dr., Ste. 430

City State Zip Code

Elmhurst IL 60126-

Purpose of Disbursement:
Reimb: Insurance Policy CoverageCategory/
TypeActivity or Event Identifier:
ADMINISTRATION B 31

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

496416.10

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	1	0

Transaction ID: H401130.E24579

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

-26.23

-98.67

-124.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

13.23

49.77

63.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

14812.51

55723.29

70535.80

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE 240 / 534

FOR LINE NUMBER:
(check only one) ☒ 1a ☐ 2

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

Full Name (Last, First, Middle Initial)

A. Fund for American

Mailing Address P.O. Box 65796

City
Washington

State
DC

Zip Code
20035-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID:SLC322863

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: LEVIN

B. Dot Foods Inc.

Mailing Address 1 Dot Way
PO Box 192

City
Mt. Sterling

State
IL

Zip Code
62353-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID:SL01130.C321787

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: LEVIN

C. Riverstone Group, Inc

Mailing Address 1701 5th Avenue

City
Moline

State
IL

Zip Code
61265-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID:SLC322862

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: LEVIN

D. Koch Industries Inc.

Mailing Address 4111 E. 37th St N

City
Wichita

State
KS

Zip Code
67220-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID:SLC321788

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: LEVIN

SUBTOTAL of Receipts This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

SCHEDULE L-A (FEC Form 3X) **ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

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FOR LINE NUMBER: ☒ 1a ☐ 2
(check only one)

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

Full Name (Last, First, Middle Initial)

A. Allergan Usa Inc.

Mailing Address 2525 DuPont Drive

City State Zip Code
Irvine CA 92612-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID: SL01202.C323094

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: LEVIN

Full Name (Last, First, Middle Initial)

B. IL State Chamber Of Commerce

Mailing Address 215 E. Adams St

City State Zip Code
Springfield IL 62701-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID: SLC322040

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Amount of Each Receipt this Period

10000.00

Aggregate Year-to-Date

10000.00

Account: LEVIN

Full Name (Last, First, Middle Initial)

C. Davita Total Renal Care Inc

Mailing Address PO Box 2037

City State Zip Code
Tacoma WA 98401-

Name of Employer or Principal Place of Business
Information Requested

Occupation
Information Requested

Transaction ID: SLC321796

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Amount of Each Receipt this Period

5000.00

Aggregate Year-to-Date

5000.00

Account: LEVIN

SUBTOTAL of Receipts This Page (optional)

20000.00

TOTAL This Period (last page this line number only)

50000.00

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name The Northern Trust Company</p> <p>Mailing Address 50 S La Salle St</p> <p>City State Zip Code Chicago IL 60603-1006</p> <p>Purpose of Disbursement Service Fee</p>	<p>Transaction ID: 4B01130.E24581 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>22.00</div></p> <p>Account: LEVIN</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Amanda Wears</p> <p>Mailing Address 2008 W. Warner Avenue 1 E</p> <p>City State Zip Code Chicago IL 60618-3910</p> <p>Purpose of Disbursement FEA Travel Exp. Reimbursement</p>	<p>Transaction ID: 4B01130.E24655 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>186.19</div></p> <p>Account: LEVIN</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Illinois Republican Party</p> <p>Mailing Address LEVIN ACCOUNT 205 W. Randolph Street, #1245</p> <p>City State Zip Code Chicago IL 60606</p> <p>Purpose of Disbursement ACA PAC Dep. In Wrong Acct.</p>	<p>Transaction ID: 4B01130.E24660 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>5000.00</div></p> <p>Account: LEVIN</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Steve Ettinger</p> <p>Mailing Address 1548 W Capitol Ave</p> <p>City State Zip Code Springfield IL 62704-1514</p> <p>Purpose of Disbursement FEA Travel Exp. Reimbursement</p>	<p>Transaction ID: 4B01130.E24649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>295.90</div></p> <p>Account: LEVIN</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Nancy Perlman</p> <p>Mailing Address 3847 N Whipple St</p> <p>City State Zip Code Chicago IL 60618-3521</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24593 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>50.00</div></p> <p>Account: LEVIN</p>

SUBTOTAL of Disbursements This Page (optional)

5554.09

TOTAL This Period (last page this line number only)

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Megan Piazza Mailing Address 1236 Lake Avenue City State Zip Code Wilmette IL 60091 Purpose of Disbursement FEA Travel Exp. Reimbursement	Transaction ID: 4B01130.E24650 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>239.35</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Tyler Sidell Mailing Address 109 Kay Ct City State Zip Code East Peoria IL 61611-4511 Purpose of Disbursement FEA Travel Exp. Reimbursement	Transaction ID: 4B01130.E24652 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>312.61</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Printing Ltd Mailing Address 101 E Main Cross St City State Zip Code Taylorville IL 62568-2225 Purpose of Disbursement GOTV Poll Watcher Booklets	Transaction ID: 4B01130.E24648 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>2706.63</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Mack Communications Mailing Address 1280 Iroquois Avenue Suite 406 City State Zip Code Naperville IL 60563 Purpose of Disbursement FEA Travel Exp. Reimbursement	Transaction ID: 4B01130.E24651 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>96.44</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kurt Fujio Mailing Address 1810 W. Touhy City State Zip Code Chicago IL 60626 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24587 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>3455.03</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name John Arrington Mailing Address 31 E. 155th St. City State Zip Code Harvey IL 60426 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24583 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Robert Colby Mailing Address 16207 Eagle Ridge Dr. City State Zip Code Tinley Park IL 60477 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24586 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Tonia Members Mailing Address 7736 S. May St. City State Zip Code Chicago IL 60620 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24591 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Peter Catalano Mailing Address 387 Lambert City State Zip Code Schaumburg IL 60193 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24584 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Anthony Catalano Mailing Address 455 Atlantic Avenue City State Zip Code Elk Grove Village IL 60007 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24585 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>01</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>450.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Matthew Meyers Mailing Address 5441 N. Sawyer City State Zip Code Chicago IL 60625 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24592 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Suzette Sosa Mailing Address 5540 Oakton Avenue City State Zip Code Morton Grove IL 60053 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24594 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name John McGuire Mailing Address 4145 N Springfield Ave City State Zip Code Chicago IL 60618-1811 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24590 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Diane Peterson Mailing Address 9243 Latrobe City State Zip Code Skokie IL 60077 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24645 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Don Peterson Mailing Address 9243 Latrobe City State Zip Code Skokie IL 60077 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24644 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>500.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Phyllis Sumner</p> <p>Mailing Address 7506 N. Ridge Blvd. Unit F</p> <p>City Chicago State IL Zip Code 60645</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24596 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name James Adinamis</p> <p>Mailing Address 555 W. Cornelia</p> <p>City State Zip Code Chicago IL 60657</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24582</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>50.00</div> </div> </p> <p>Account: LEVIN</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Darva Watkins</p> <p>Mailing Address 6139 S. Bernon St.</p> <p>City State Zip Code Chicago IL 60637</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24597</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>400.00</div> </div> </p> <p>Account: LEVIN</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Hillel Weinberg</p> <p>Mailing Address 311 N. Underwood St.</p> <p>City State Zip Code Falls Church VA 22046</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24599</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>400.00</div> </div> </p> <p>Account: LEVIN</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Nathan Cardon</p> <p>Mailing Address 1400 Irving St. NW #626</p> <p>City State Zip Code Washington DC 20010</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24600</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>1000.00</div> </div> </p> <p>Account: LEVIN</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Gina Griffin</p> <p>Mailing Address 174 W. Laurel St.</p> <p>City State Zip Code Philadelphia PA 19123</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24601</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>3000.00</div> </div> </p> <p>Account: LEVIN</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>4850.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Eric Hutchins Mailing Address 5990 Richmond Highway #409 City State Zip Code Alexandria VA 22303 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24602 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1500.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Thomas Stoner Mailing Address 630 N. 3rd St. #78 City State Zip Code Philadelphia PA 19123 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24603 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>4000.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Venita Powells Mailing Address 6622 S. Evans Ave. City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24604 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Mary Lynch Mailing Address 6541 S. Rhodes City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24605 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Yolanda Vinso Mailing Address 6620 S. Evans City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24606 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>5800.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
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☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Crystal Hill Mailing Address 6622 S. Evans Ave. City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24607 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Sharon Smith Mailing Address 6620 S. Evans Ave. City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24608 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Angela McCullen Mailing Address 6622 S. Evans Ave. City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24609 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Erika Vinson Mailing Address 6001 S. Vernon #407 City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24610 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Bernadette Owens Mailing Address 6001 S. Vernon Apt. 908 City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24611 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional) ▶		<div>500.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Celifika Lewis Mailing Address 6001 S. Vernon Apt. 506 City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24612 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B. Full Name (Last, First, Middle Initial) / Full Organization Name Janice Hubbard Mailing Address 9321 S. Calumet Ave. City State Zip Code Chicago IL 60619 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24613 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C. Full Name (Last, First, Middle Initial) / Full Organization Name Lloyd Howard Mailing Address 8036 St. Lawrence City State Zip Code Chicago IL 60619 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24614 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D. Full Name (Last, First, Middle Initial) / Full Organization Name Richard Odonnell Mailing Address 3240 S. Aberdeen Rd. BR #1 City State Zip Code Chicago IL 60619 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24615 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ruby Turner Mailing Address 6414 S. King Dr. Apt. 1C City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24616 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)	<div>500.00</div> <div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Sabreen Elamin Mailing Address 8235 S. Calumet City State Zip Code Chicago IL 60619 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24617 Date of Disbursement <div> <div>MM/DD/YYYY</div> <div>11/10/2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B. Full Name (Last, First, Middle Initial) / Full Organization Name Christen Crawford Mailing Address 3757 S. Wabash City State Zip Code Chicago IL 60653 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24618 Date of Disbursement <div> <div>MM/DD/YYYY</div> <div>11/10/2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C. Full Name (Last, First, Middle Initial) / Full Organization Name Frances Redman Mailing Address 6620 S. Evans City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24619 Date of Disbursement <div> <div>MM/DD/YYYY</div> <div>11/10/2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D. Full Name (Last, First, Middle Initial) / Full Organization Name Lisa Marie Esper Mailing Address 6536 S. King Dr. Apt. 4D City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24620 Date of Disbursement <div> <div>MM/DD/YYYY</div> <div>11/10/2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E. Full Name (Last, First, Middle Initial) / Full Organization Name Robert Churchill Mailing Address 47 156th St. City State Zip Code Calumet City IL 60409 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24621 Date of Disbursement <div> <div>MM/DD/YYYY</div> <div>11/10/2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
<div> SUBTOTAL of Disbursements This Page (optional) ▶ <div>500.00</div> </div> <div> TOTAL This Period (last page this line number only) ▶ <div></div> </div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Andre Maples</p> <p>Mailing Address 4500 S. Michigan</p> <p>City State Zip Code Chicago IL 60628</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24622 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Donna Montgomery</p> <p>Mailing Address 11016 S. Sangmon St.</p> <p>City State Zip Code Chicago IL 60643</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24623 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Latasha Armor</p> <p>Mailing Address 6750 S. Merle, 3rd Fl.</p> <p>City State Zip Code Chicago IL 60649</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24624 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Dawn Williams</p> <p>Mailing Address 6463 S. Kenwood</p> <p>City State Zip Code Chicago IL 60637</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24625 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lloyd Coward</p> <p>Mailing Address 8036 St. Lawrence</p> <p>City State Zip Code Chicago IL 60619</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24626 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>500.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Martinez Bremmer Mailing Address 8159 S. Kingston City State Zip Code Chicago IL 60617 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24627 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Latonya Cook Mailing Address 3049 Stafford Dr. City State Zip Code Harvey IL 60426 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24628 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnathan Battle Mailing Address 16422 California St. City State Zip Code Harvey IL 60426 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24629 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Sonya Lewis Mailing Address 6100 S. Evans BSMT Apt. City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24630 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Crystal Crosby Mailing Address 8230 S. Bishop City State Zip Code Chicago IL 60620 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24631 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>500.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Lasean Smith Mailing Address 10812 S. Halsted City State Zip Code Chicago IL 60628 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24632 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bruce Crosby Mailing Address 8230 S. Bishop City State Zip Code Chicago IL 60620 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24633 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Sharon Thomas Mailing Address 9659 S. Greenwich City State Zip Code Chicago IL 60617 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24634 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Jeremy Segal Mailing Address 2636 W. Winona St. #3E City State Zip Code Chicago IL 60625 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24635 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>400.00</div> Account: LEVIN
E.	Full Name (Last, First, Middle Initial) / Full Organization Name William Crosby Mailing Address 8230 S. Bishop City State Zip Code Chicago IL 60620 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24636 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>10</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>750.00</div>
TOTAL This Period (last page this line number only)		<div></div>

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Isreal Sierra</p> <p>Mailing Address 1933 N. Kimball</p> <p>City State Zip Code Chicago IL 60647</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24637 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 50.00</p> <p>Account: LEVIN</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name David Augusto</p> <p>Mailing Address 2818 N. Christiana</p> <p>City State Zip Code Chicago IL 60647</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24638 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 100.00</p> <p>Account: LEVIN</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Jose Cruz</p> <p>Mailing Address 3820 N. Central Park</p> <p>City State Zip Code Chicago IL 60647</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24639 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 50.00</p> <p>Account: LEVIN</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Prudencio Benitez</p> <p>Mailing Address 1847 N. Albany</p> <p>City State Zip Code Chicago IL 60647</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24640 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 50.00</p> <p>Account: LEVIN</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Isreal Acevedo</p> <p>Mailing Address 843 N. Francisco</p> <p>City State Zip Code Chicago IL 60622</p> <p>Purpose of Disbursement Poll Watcher GOTV Stipend</p>	<p>Transaction ID: 4B01130.E24641 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 50.00</p> <p>Account: LEVIN</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>300.00</p>
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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Antonio Nieves Mailing Address 3432 N. Keeler City State Zip Code Chicago IL 60651 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24642 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> Account: LEVIN
B. Full Name (Last, First, Middle Initial) / Full Organization Name Narcisiciso Orta Mailing Address 3127 N. Keating City State Zip Code Chicago IL 60647 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24643 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>50.00</div> Account: LEVIN
C. Full Name (Last, First, Middle Initial) / Full Organization Name Alvin Hall Mailing Address 935 N. Carlisle City State Zip Code Round Lake IL 60073 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24646 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ricky Johnson Mailing Address 6446 S. Kenwood St. Apt. 102 City State Zip Code Chicago IL 60637 Purpose of Disbursement Poll Watcher GOTV Stipend	Transaction ID: 4B01130.E24647 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>100.00</div> Account: LEVIN
E. Full Name (Last, First, Middle Initial) / Full Organization Name Curt Conrad Mailing Address 2704 Cronin Dr City State Zip Code Springfield IL 62711-7083 Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID: 4B01130.E24653 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>1588.48</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)	<div>1888.48</div>
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Illinois Republican Party Mailing Address Cole Taylor Non-Federal Account 205 W. Randolph Suite 1245 City Chicago State IL Zip Code 60606 Purpose of Disbursement Memo: GOTV Mileage Reimbursement	Transaction ID: 4B10317.E26415 Date of Disbursement <div> <div>10</div> <div>25</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>261.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Randolph & Wells Self Parking Mailing Address 200 W. Randolph Street City Chicago State IL Zip Code 60601 Purpose of Disbursement Memo: GOTV Parking Garage Reimburse	Transaction ID: 4B10317.E26418 Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Doubletree Hotel Mailing Address 10 Brickyard Dr. City Bloomington State IL Zip Code 61701 Purpose of Disbursement Memo: GOTV Hotel Reimbursement	Transaction ID: 4B10317.E26425 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>99.68</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Lock Stock & Barrell Mailing Address 129 S Oakland Ave City Decatur State IL Zip Code 62522-2929 Purpose of Disbursement Memo: GOTV Meal Reimbursement	Transaction ID: 4B10317.E26421 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>47.85</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Holiday Inn Mailing Address 350 W. Mart Center Drive City Chicago State IL Zip Code 60654 Purpose of Disbursement Memo: GOTV Hotel Reimbursement	Transaction ID: 4B10317.E26420 Date of Disbursement <div> <div>10</div> <div>27</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>265.44</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Holiday Inn</p> <p>Mailing Address 350 W. Mart Center Drive</p> <p>City State Zip Code Chicago IL 60654</p> <p>Purpose of Disbursement Memo: GOTV Hotel Reimbursement</p>	<p>Transaction ID: 4B10317.E26422 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>4</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hyatt Regency Mailing Address 151 E Wacker Dr City State Zip Code Chicago IL 60601-3764 Purpose of Disbursement Memo: GOTV Hotel Reimbursement	Transaction ID: 4B10317.E26426 Date of Disbursement <div> <div>10</div> <div>14</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>350.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Joe Weiss Mailing Address 1683 Constitution Dr City State Zip Code Glenview IL 60026-7705 Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Transaction ID: 4B01130.E24654 Date of Disbursement <div> <div>11</div> <div>11</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>729.16</div> Account: LEVIN
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Google Mailing Address 1600 Amphitheatre Parkway City State Zip Code Mountain View CA 94043 Purpose of Disbursement ITEMIZE: GOTV Ads/Website	Transaction ID: 4B10316.E24963 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>473.56</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Facebook Mailing Address 1601 S. California Ave. City State Zip Code Palo Alto CA 94304 Purpose of Disbursement ITEMIZE: GOTV Ads/Website	Transaction ID: 4B10316.E24964 Date of Disbursement <div> <div>11</div> <div>10</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>255.60</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Wolfe Rewards & Loyalty Mailing Address 495 Mansfield Ave City State Zip Code Pittsburgh PA 15205 Purpose of Disbursement Itemize: See Below	Transaction ID: 4B01130.E24580 Date of Disbursement <div> <div>10</div> <div>26</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>27390.00</div> Account: LEVIN
SUBTOTAL of Disbursements This Page (optional)		<div>28119.16</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Fae Diethert Mailing Address 403 Muriel Ct. City State Zip Code Wheeling IL 60090 Purpose of Disbursement Memo: Generic GOTV Incent Gift Card	Transaction ID: 4B10315.E24844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Diethert Fae Mailing Address 403 Muriel Ct City State Zip Code Wheeling IL 60090 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25044 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Sierwatka Steve Mailing Address 499 Muriel Ct City State Zip Code Wheeling IL 60090 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Rebarchak Steve Mailing Address 1111 S Waukegan Rd. Unit 9 City State Zip Code Lake Forest IL 60045 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25046 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Rebarchak Steve Mailing Address 1111 S Waukegan Rd. Unit 9 City State Zip Code Lake Forest IL 60045 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25816 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Reed Mccall Mailing Address 1443 N Race City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25047 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Reed Mccall Mailing Address 1443 N Race City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25048 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Reed Mccall Mailing Address 1443 N Race City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25820 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Reed Mccall Mailing Address 1443 N Race City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25821 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Lopez Laura Mailing Address 1524 N Dryden Ave City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25049 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Lopez Laura Mailing Address 1524 N Dryden Ave City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25050 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Lopez Laura Mailing Address 1524 N Dryden Ave City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25818 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Lopez Laura Mailing Address 1524 N Dryden Ave City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25819 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Lopez Laura Mailing Address 1524 N Dryden Ave City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25095 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kinard Wesley Mailing Address 1063 Half Day Rd City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25051 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kinard Wesley	Transaction ID: 4B10317.E25052 Date of Disbursement
	Mailing Address 1063 Half Day Rd	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Highland Park IL 60035	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kottler Jeremy	Transaction ID: 4B10317.E25053 Date of Disbursement
	Mailing Address 540 Audubon Pl	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Highland Park IL 60035	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kottler Jeremy	Transaction ID: 4B10317.E25054 Date of Disbursement
	Mailing Address 540 Audubon Pl	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Highland Park IL 60035	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Svetov Kellan	Transaction ID: 4B10317.E25055 Date of Disbursement
	Mailing Address 2380 Highmoor Rd	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Highland Park IL 60035	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Svetov Kellan	Transaction ID: 4B10317.E25056 Date of Disbursement
	Mailing Address 2380 Highmoor Rd	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Highland Park IL 60035	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Diaz Enrique Mailing Address 144 Green Bay Rd, Apt 2 City State Zip Code Highwood IL 60040 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25057 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Diaz Enrique Mailing Address 144 Green Bay Rd, Apt 2 City State Zip Code Highwood IL 60040 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25058 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin Mailing Address 1931 Sheridan Road City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25059 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin Mailing Address 1931 Sheridan Road City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25060 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin Mailing Address 1931 Sheridan Road City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25497 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25498 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26173 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26174 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25834 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25835 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vaysburg Irvin</p> <p>Mailing Address 1931 Sheridan Road</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25836 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric</p> <p>Mailing Address 19 Buckingham Lane</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26170 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric</p> <p>Mailing Address 19 Buckingham Lane</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26171 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric</p> <p>Mailing Address 19 Buckingham Lane</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26172 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric</p> <p>Mailing Address 19 Buckingham Lane</p> <p>City State Zip Code Buffalo Grove IL 60089</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25548 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text"/> 0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25549 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25104 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25061 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25062 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25102 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Thiruliniski Eric Mailing Address 19 Buckingham Lane City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25103 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kelso Marybeth Mailing Address 13155 Sheffield Lane City State Zip Code Beach Park IL 60083 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25063 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25064 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25065 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26175 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div> <div></div> <div>0.00</div> </div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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A. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26176 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26177 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Gunchick Wesley Mailing Address 1286 W. Everett City State Zip Code Des Plaines IL 60018 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25837 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26178 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26179 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26180 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25066 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25067 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25068 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25499 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Loomis Kate Mailing Address 845 N. Beverly Lane City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25500 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Tamson Stephanie Mailing Address 8801 N Wisnor St Apt. 2 City State Zip Code Niles IL 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25069 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Tamson Stephanie Mailing Address 8801 N Wisnor St Apt. 2 City State Zip Code Niles IL 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25070 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Tamson Stephanie Mailing Address 8801 N Wisnor St Apt. 2 City State Zip Code Niles IL 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25071 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Sherri Mailing Address 511 Jutson City State Zip Code Evanston IL 60202 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25072 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Kirk David Mailing Address 511 Jutson City State Zip Code Evanston IL 60202 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25073 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Buckner Alison Mailing Address 826 Shermer City State Zip Code Glenview IL 60025 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25074 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Buckner Alison Mailing Address 826 Shermer City State Zip Code Glenview IL 60025 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25075 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ross Phil Mailing Address 225 Forest Way Drive City State Zip Code Northbrook IL 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25076 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ross Phil Mailing Address 225 Forest Way Drive City State Zip Code Northbrook IL 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25077 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25078 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25079 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25080 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25081 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25516 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25517 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25518 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25519 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25520 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25503 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25504 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25082 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25083 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25827 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Sa Peter Mailing Address 2550 Colbewood Dr City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25828 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25084 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25085 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25086 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25087 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25535 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25536 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25537 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Kailey Mailing Address 14 White Barn Rd City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25538 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr Mailing Address 455 E Ohio City State Zip Code Chicago IL 60611 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25528 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr Mailing Address 455 E Ohio City State Zip Code Chicago IL 60611 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25529 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr	Transaction ID: 4B10317.E25530 Date of Disbursement
	Mailing Address 455 E Ohio	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Chicago IL 60611	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr	Transaction ID: 4B10317.E25088 Date of Disbursement
	Mailing Address 455 E Ohio	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Chicago IL 60611	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr	Transaction ID: 4B10317.E25832 Date of Disbursement
	Mailing Address 455 E Ohio	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Chicago IL 60611	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Taylor Carr	Transaction ID: 4B10317.E25833 Date of Disbursement
	Mailing Address 455 E Ohio	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Chicago IL 60611	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie	Transaction ID: 4B10317.E25824 Date of Disbursement
	Mailing Address 418 Cherry Creek Ln	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Prospect Heights IL 60070	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie Mailing Address 418 Cherry Creek Ln City Prospect Heights State IL Zip Code 60070 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25825 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie Mailing Address 418 Cherry Creek Ln City Prospect Heights State IL Zip Code 60070 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25826 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie Mailing Address 418 Cherry Creek Ln City Prospect Heights State IL Zip Code 60070 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25089 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie Mailing Address 418 Cherry Creek Ln City Prospect Heights State IL Zip Code 60070 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25090 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie Mailing Address 418 Cherry Creek Ln City Prospect Heights State IL Zip Code 60070 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25091 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kirk Charlie</p> <p>Mailing Address 418 Cherry Creek Ln</p> <p>City State Zip Code Prospect Heights IL 60070</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25092 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Giallombardo Helen</p> <p>Mailing Address 3602 Lawson Rd</p> <p>City State Zip Code Glenview IL 60026</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25093 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Giallombardo Helen</p> <p>Mailing Address 3602 Lawson Rd</p> <p>City State Zip Code Glenview IL 60026</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25094 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Burton Sami</p> <p>Mailing Address 1114 N Hemlock</p> <p>City State Zip Code Mt Prospect IL 60056</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25096 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Burton Sami</p> <p>Mailing Address 1114 N Hemlock</p> <p>City State Zip Code Mt Prospect IL 60056</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25822 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text"/> 0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Burton Sami	Transaction ID: 4B10317.E25823 Date of Disbursement
	Mailing Address 1114 N Hemlock	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>1</div> <div>0</div><div>1</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Mt Prospect IL 60056	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Reeci Mccall	Transaction ID: 4B10317.E25097 Date of Disbursement
	Mailing Address 1443 N Race	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Arlington Heights IL 60004	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Dahl Linda	Transaction ID: 4B10317.E25098 Date of Disbursement
	Mailing Address 14643 Trailway Drive	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Lake Forest IL 60045	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Dahl Linda	Transaction ID: 4B10317.E25099 Date of Disbursement
	Mailing Address 14643 Trailway Drive	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Lake Forest IL 60045	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Dahl Linda	Transaction ID: 4B10317.E25100 Date of Disbursement
	Mailing Address 14643 Trailway Drive	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Lake Forest IL 60045	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Dahl Linda Mailing Address 14643 Trailway Drive City State Zip Code Lake Forest IL 60045 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25101 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Deahl Evan Mailing Address 1330 Sheridan Rd City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25508 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Deahl Evan Mailing Address 1330 Sheridan Rd City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25509 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Deahl Evan Mailing Address 1330 Sheridan Rd City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25539 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Deahl Evan Mailing Address 1330 Sheridan Rd City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25105 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Deahl Evan Mailing Address 1330 Sheridan Rd City Highland Park State IL Zip Code 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25106 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Lana Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25107 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Lana Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25108 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Lana Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25510 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Lana Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25511 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Lana Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25512 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25532 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25533 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25534 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25109 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25110 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25111 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25112 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25829 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Dave Mailing Address 4163 West End Road City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25830 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26218 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26219 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25573 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25550 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25113 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25114 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25115 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25116 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25151 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Berry Lawrence Mailing Address 5 Winthrop Ct. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25887 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Israel Mailing Address 20913 Homeland Road City State Zip Code Matteson IL 60443 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Israel Mailing Address 20913 Homeland Road City State Zip Code Matteson IL 60443 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25118 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Jim Mailing Address 220 Indiana Street City State Zip Code Park Forest IL 60466 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25119 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Jim Mailing Address 220 Indiana Street City State Zip Code Park Forest IL 60466 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25120 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Moore Leslie Mailing Address 297 Fir Street City State Zip Code Park Forest IL 60466 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25121 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Moore Leslie Mailing Address 297 Fir Street City State Zip Code Park Forest IL 60466 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25122 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Mairim Mailing Address 20913 Homeland Road City State Zip Code Matteson IL 60443 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25123 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Mairim Mailing Address 20913 Homeland Road City State Zip Code Matteson IL 60443 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25124 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Schmitz Paul Mailing Address 2561 E. Lincoln Highway City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25125 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Schmitz Paul Mailing Address 2561 E. Lincoln Highway City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25126 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb	Transaction ID: 4B10317.E25127 Date of Disbursement
	Mailing Address 16 S. Country Squire Road	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Palos Heights IL 60463	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb	Transaction ID: 4B10317.E25128 Date of Disbursement
	Mailing Address 16 S. Country Squire Road	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Palos Heights IL 60463	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb	Transaction ID: 4B10317.E25129 Date of Disbursement
	Mailing Address 16 S. Country Squire Road	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Palos Heights IL 60463	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb	Transaction ID: 4B10317.E25130 Date of Disbursement
	Mailing Address 16 S. Country Squire Road	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Palos Heights IL 60463	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb	Transaction ID: 4B10317.E25551 Date of Disbursement
	Mailing Address 16 S. Country Squire Road	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>1</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Palos Heights IL 60463	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb</p> <p>Mailing Address 16 S. Country Squire Road</p> <p>City Palos Heights State IL Zip Code 60463</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26200 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb</p> <p>Mailing Address 16 S. Country Squire Road</p> <p>City Palos Heights State IL Zip Code 60463</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26201 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb</p> <p>Mailing Address 16 S. Country Squire Road</p> <p>City Palos Heights State IL Zip Code 60463</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26202 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb</p> <p>Mailing Address 16 S. Country Squire Road</p> <p>City Palos Heights State IL Zip Code 60463</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25877 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schumann Herb</p> <p>Mailing Address 16 S. Country Squire Road</p> <p>City Palos Heights State IL Zip Code 60463</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25878 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25880
	Wojcik Mike	Date of Disbursement
	Mailing Address 8705 S. 80th Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Hickory Hills IL 60457	Amount of Each Disbursement this Period
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	<div>20.00</div>
		Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25881
	Wojcik Mike	Date of Disbursement
	Mailing Address 8705 S. 80th Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Hickory Hills IL 60457	Amount of Each Disbursement this Period
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	<div>20.00</div>
		Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25882
	Wojcik Mike	Date of Disbursement
	Mailing Address 8705 S. 80th Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Hickory Hills IL 60457	Amount of Each Disbursement this Period
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	<div>20.00</div>
		Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25883
	Wojcik Mike	Date of Disbursement
	Mailing Address 8705 S. 80th Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Hickory Hills IL 60457	Amount of Each Disbursement this Period
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	<div>20.00</div>
		Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25570
	Wojcik Mike	Date of Disbursement
	Mailing Address 8705 S. 80th Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Hickory Hills IL 60457	Amount of Each Disbursement this Period
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	<div>20.00</div>
		Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25552 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25553 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26212 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26213 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26214 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25131 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25132 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25133 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wojcik Mike Mailing Address 8705 S. 80th Court City State Zip Code Hickory Hills IL 60457 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25134 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25135 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25136 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25554 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25555 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25556 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25845 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25846 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Brown Katie Mailing Address 13808 S. Lawler City State Zip Code Crestwood IL 60445 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25847 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City State Zip Code Palos Park IL 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25561 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City Palos Park State IL Zip Code 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25562 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City Palos Park State IL Zip Code 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25139 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City Palos Park State IL Zip Code 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25140 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City Palos Park State IL Zip Code 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25141 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Patrick Mailing Address 89 Old Creek Road City Palos Park State IL Zip Code 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25142 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25143 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25144 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25145 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26193 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26194 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25849 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25850 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Goding Ben Mailing Address 525 W. Arlington Place City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25851 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City State Zip Code Chicago IL 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25870 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City State Zip Code Chicago IL 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25871 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25872 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25873 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26197 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26198 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26199 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25564 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25565 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25566 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25146 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City Chicago State IL Zip Code 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25147 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City State Zip Code Chicago IL 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Zitrik Allison Mailing Address 444 W. St. James City State Zip Code Chicago IL 60610 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Cross David Mailing Address 711 W Wrightwood City State Zip Code Chicago IL 60614 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25150 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Boltz Greg Mailing Address 1912 Brighton St. City State Zip Code Downers Grove IL 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25152 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Boltz Greg Mailing Address 1912 Brighton St. City State Zip Code Downers Grove IL 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25574 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Boltz Greg Mailing Address 1912 Brighton St. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26220 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Boltz Greg Mailing Address 1912 Brighton St. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26221 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Boltz Greg Mailing Address 1912 Brighton St. City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25888 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Bowen Laurel Mailing Address 829 Clyde Drive City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25889 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Bowen Laurel Mailing Address 829 Clyde Drive City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26222 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bowen Laurel Mailing Address 829 Clyde Drive City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25575 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bowen Laurel Mailing Address 829 Clyde Drive City Downers Grove State IL Zip Code 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25153 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Burfield Patrick Mailing Address 352 S Sleight City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25154 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Burfield Patrick Mailing Address 352 S Sleight City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25576 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Burfield Patrick Mailing Address 352 S Sleight City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26223 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Burfield Patrick Mailing Address 352 S Sleight City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25890 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Carlson Nancy Mailing Address 21 4th Street City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25155 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Cauley Ryan Mailing Address 521 Morris Lane City Hinsdale State IL Zip Code 60521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25156 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Cochran Jason Mailing Address 425 Lake Ave. City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25157 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Cochran Jason Mailing Address 425 Lake Ave. City Downers Grove State IL Zip Code 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25158 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Cornelius Jim Mailing Address 6401 Clarendon Hills, #105 City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25159 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Corrigan James Mailing Address 328 Rowan Court City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25160 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Corrigan James Mailing Address 328 Rowan Court City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25161 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Cuthbert Mark Mailing Address 617 S Washington City Hinsdale State IL Zip Code 60521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25162 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Eastmond Andy Mailing Address 1805 Darien Club Dr. City Darien State IL Zip Code 60561 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25163 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Eastmond Andy	Transaction ID: 4B10317.E25164 Date of Disbursement
	Mailing Address 1805 Darien Club Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Darien IL 60561	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Eastmond Margy	Transaction ID: 4B10317.E25165 Date of Disbursement
	Mailing Address 1805 Darien Club Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Darien IL 60561	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Eastmond Margy	Transaction ID: 4B10317.E25166 Date of Disbursement
	Mailing Address 1805 Darien Club Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Darien IL 60561	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Giacomo Terrence	Transaction ID: 4B10317.E25167 Date of Disbursement
	Mailing Address 504 S. Wilmette Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Westmont IL 60559	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Giacomo Terrence	Transaction ID: 4B10317.E25168 Date of Disbursement
	Mailing Address 504 S. Wilmette Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Westmont IL 60559	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Giacomo Terrence	Transaction ID: 4B10317.E25169 Date of Disbursement
Mailing Address 504 S. Wilmette Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Westmont IL 60559	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Odonnell Allison	Transaction ID: 4B10317.E25170 Date of Disbursement
Mailing Address 27w306 Victoria Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Winfield IL 60190	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wright Jeff	Transaction ID: 4B10317.E25171 Date of Disbursement
Mailing Address 1017 Elizabeth	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Naperville IL 60540	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wright Jeff	Transaction ID: 4B10317.E26226 Date of Disbursement
Mailing Address 1017 Elizabeth	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
City State Zip Code Naperville IL 60540	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Zalzaleh Moe	Transaction ID: 4B10317.E25172 Date of Disbursement
Mailing Address 825 S. Richmond Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Westmont IL 60559	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Zalzaleh Moe Mailing Address 825 S. Richmond Ave. City State Zip Code Westmont IL 60559 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25173 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Falcon Penny Mailing Address 383 West Park Ave City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25174 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Falcon Penny Mailing Address 383 West Park Ave City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25181 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Wyatt Gabby Mailing Address 2590 Wyck Wood Ct City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25193 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Wyatt Gabby Mailing Address 2590 Wyck Wood Ct City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25194 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Wyatt Gabby Mailing Address 2590 Wyck Wood Ct City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25175 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wyatt Richy Mailing Address 2590 Wyck Wood Ct City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25176 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wyatt Richy Mailing Address 2590 Wyck Wood Ct City State Zip Code Aurora IL 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Spang Kathie Mailing Address 38w144 Beckman Trail City State Zip Code Elgin IL 60124 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25184 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Spang Kathie Mailing Address 38w144 Beckman Trail City State Zip Code Elgin IL 60124 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Spang Kathie Mailing Address 38w144 Beckman Trail City Elgin State IL Zip Code 60124 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25192 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Spang Kathie Mailing Address 38w144 Beckman Trail City Elgin State IL Zip Code 60124 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Schelich Amy Mailing Address 39w250 Forbes Dr City Geneva State IL Zip Code 60134 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25178 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Danklefsen Vicki Mailing Address 39w249 E Mallory Dr City Geneva State IL Zip Code 60134 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25179 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hays Jason Mailing Address 414 Pennsylvania Ave City Aurora State IL Zip Code 60506 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25180 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Ray Jackie Mailing Address 2169 Savannah Rd City State Zip Code Elgin IL 60123 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25183 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Goldstein Jim Mailing Address 1123 E 1900 N Rd City State Zip Code Gilman IL 60938 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25185 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Sarley Chris Mailing Address 1317 Weston Drive City State Zip Code Arlington Heights IL 60004 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25186 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Roberts Craig Mailing Address 916 6th Street City State Zip Code Washington Dc DC 20001 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25187 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Willis Libby Mailing Address Rr2 Box 201b City State Zip Code Greenfield IL 62044 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25188 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Muller Virginia	Transaction ID: 4B10317.E25189 Date of Disbursement
	Mailing Address 216 Maryland Ave Ne Apt 405	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Washington Dc DC 20002	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Jynes Greta	Transaction ID: 4B10317.E25190 Date of Disbursement
	Mailing Address 3745 Gunston Rd	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Alexandria VA 22302	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Tooze Colin	Transaction ID: 4B10317.E25191 Date of Disbursement
	Mailing Address 4137 4th Rd N	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Arlington VA 22203	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Tooze Colin	Transaction ID: 4B10317.E25209 Date of Disbursement
	Mailing Address 4137 4th Rd N	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Arlington VA 22203	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Lee Craig	Transaction ID: 4B10317.E25195 Date of Disbursement
	Mailing Address 2730 Lorraine Circle	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Geneva IL 60134	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lee Craig</p> <p>Mailing Address 2730 Lorraine Circle</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25196 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lee Craig</p> <p>Mailing Address 2730 Lorraine Circle</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25197 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lee Craig</p> <p>Mailing Address 2730 Lorraine Circle</p> <p>City Geneva State IL Zip Code 60134</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25198 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kinsey Natalie</p> <p>Mailing Address 304 E Harrison</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25199 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kinsey Natalie</p> <p>Mailing Address 304 E Harrison</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25200 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kinsey Natalie Mailing Address 304 E Harrison City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25219 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kinsey Natalie Mailing Address 304 E Harrison City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25220 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Trimble Dale Mailing Address 1n051 Partridge Dr City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25201 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Trimble Dale Mailing Address 1n051 Partridge Dr City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25202 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Borto Jack Mailing Address 318 W Oak Ave City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25203 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Borto Jack	Transaction ID: 4B10317.E25204 Date of Disbursement
Mailing Address 318 W Oak Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Borto Jack	Transaction ID: 4B10317.E25217 Date of Disbursement
Mailing Address 318 W Oak Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Borto Jack	Transaction ID: 4B10317.E25218 Date of Disbursement
Mailing Address 318 W Oak Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Fitzpatrick Mike	Transaction ID: 4B10317.E25205 Date of Disbursement
Mailing Address 26w130 Wood Lark Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Fitzpatrick Mike	Transaction ID: 4B10317.E25206 Date of Disbursement
Mailing Address 26w130 Wood Lark Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Fitzpatrick Mike	Transaction ID: 4B10317.E25215 Date of Disbursement
	Mailing Address 26w130 Wood Lark Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Fitzpatrick Mike	Transaction ID: 4B10317.E25216 Date of Disbursement
	Mailing Address 26w130 Wood Lark Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Wheaton IL 60187	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Pilcher Julie	Transaction ID: 4B10317.E25207 Date of Disbursement
	Mailing Address 270w071 Lowden Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Wheaton IL 60189	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Keleta Jen	Transaction ID: 4B10317.E25210 Date of Disbursement
	Mailing Address 1705 S Nelson St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Arlington VA 22204	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Crowcroft Harry	Transaction ID: 4B10317.E25211 Date of Disbursement
	Mailing Address 1979 Tall Oaks Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Aurora IL 60505	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Crowcroft Harry Mailing Address 1979 Tall Oaks Dr City State Zip Code Aurora IL 60505 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25212 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Coyle Kaity Mailing Address 147 S Lorraine Rd City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25213 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Coyle Kaity Mailing Address 147 S Lorraine Rd City State Zip Code Wheaton IL 60187 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25214 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 Fell St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25221 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Plaza Caitlin Mailing Address 98 E. Locust Apt 5 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25222 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Plaza Caitlin</p> <p>Mailing Address 98 E. Locust Apt 5</p> <p>City Normal State IL Zip Code 61761</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26253 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Anderson Adrienne</p> <p>Mailing Address 705 S. Franklin Ave Apt 3</p> <p>City Normal State IL Zip Code 61761</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25223 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 0 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew</p> <p>Mailing Address 10245 Tybo Trail</p> <p>City Roscoe State IL Zip Code 61073</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25608 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew</p> <p>Mailing Address 10245 Tybo Trail</p> <p>City Roscoe State IL Zip Code 61073</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25609 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew</p> <p>Mailing Address 10245 Tybo Trail</p> <p>City Roscoe State IL Zip Code 61073</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25618 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City State Zip Code Roscoe IL 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26248 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City State Zip Code Roscoe IL 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26249 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City State Zip Code Roscoe IL 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25224 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City State Zip Code Roscoe IL 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25225 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City State Zip Code Roscoe IL 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25921 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Larson Andrew Mailing Address 10245 Tybo Trail City Roscoe State IL Zip Code 61073 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25922 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Manno Andrew Mailing Address 315 S. Fell Street City Normal State IL Zip Code 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25226 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Samuelson Sam Mailing Address P.o. Box 55 City Clinton State IL Zip Code 61727 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25227 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Samuelson Sam Mailing Address P.o. Box 55 City Clinton State IL Zip Code 61727 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25228 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Samuelson Sam Mailing Address P.o. Box 55 City Clinton State IL Zip Code 61727 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25242 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Samuelson Sam Mailing Address P.o. Box 55 City State Zip Code Clinton IL 61727 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25244 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Sikes Joel Mailing Address 1204 N Madison St City State Zip Code Bloomington IL 61701 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25616 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Sikes Joel Mailing Address 1204 N Madison St City State Zip Code Bloomington IL 61701 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25229 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Smith Anthony Mailing Address 1567 N. College St City State Zip Code Decatur IL 62521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25230 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Smith Anthony Mailing Address 1567 N. College St City State Zip Code Decatur IL 62521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25231 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Anthony Mailing Address 1567 N. College St City State Zip Code Decatur IL 62521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25245 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Anthony Mailing Address 1567 N. College St City State Zip Code Decatur IL 62521 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25243 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kubic David Mailing Address 138 E Beauford St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25232 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kubic David Mailing Address 138 E Beauford St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25233 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Mattheeson John Mailing Address 2007 Desoto Ct City State Zip Code Pekin IL 61554 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25234 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Mattheeson John	Transaction ID: 4B10317.E25615 Date of Disbursement
	Mailing Address 2007 Desoto Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Pekin IL 61554	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Pohlman Dana	Transaction ID: 4B10317.E25235 Date of Disbursement
	Mailing Address 98 W. Vernon Ave Apt 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Pohlman Dana	Transaction ID: 4B10317.E25236 Date of Disbursement
	Mailing Address 98 W. Vernon Ave Apt 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Pohlman Dana	Transaction ID: 4B10317.E25917 Date of Disbursement
	Mailing Address 98 W. Vernon Ave Apt 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Pohlman Dana	Transaction ID: 4B10317.E25918 Date of Disbursement
	Mailing Address 98 W. Vernon Ave Apt 7	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik Andrew Mailing Address 138 E. Beaufort City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25606 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik Andrew Mailing Address 138 E. Beaufort City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25607 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik Andrew Mailing Address 138 E. Beaufort City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25237 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik Andrew Mailing Address 138 E. Beaufort City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25238 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hugdahl Molly Mailing Address 504 S. Fell Apt 13 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25239 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Hugdahl Molly Mailing Address 504 S. Fell Apt 13 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26235 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Tully Mary Mailing Address 206 W. Mulberry Apt 8 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25240 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Souk Ashley Mailing Address 919 Wilkins Hall City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25241 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Souk Ashley Mailing Address 919 Wilkins Hall City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25919 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hartigan Alexander Mailing Address 440 Kenilworth Ave City State Zip Code Elmhurst IL 60126 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25246 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Dolbeane Kristen Mailing Address 515 Pickening City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25247 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Scott Jason Mailing Address 719 Wright Hall City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25248 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Byrne Nate Mailing Address 301 Jefferson City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25249 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Waggoner John Mailing Address 604 Dale City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25250 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Schottens Cody Mailing Address 1031 Hewett Hall City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25251 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Joel</p> <p>Mailing Address 711 Kingsley Ct</p> <p>City State Zip Code Normal IL 61761</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25252 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget</p> <p>Mailing Address 205 South Locust</p> <p>City State Zip Code Highland IL 62249</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25253 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget</p> <p>Mailing Address 205 South Locust</p> <p>City State Zip Code Highland IL 62249</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25254 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget</p> <p>Mailing Address 205 South Locust</p> <p>City State Zip Code Highland IL 62249</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25255 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>E. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget</p> <p>Mailing Address 205 South Locust</p> <p>City State Zip Code Highland IL 62249</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25256 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional) ► <input type="text" value="0.00"/></p>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25257 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25258 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25259 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25260 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25261 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25623 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25624 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25625 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25626 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25627 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25628 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25629 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25630 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25631 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25632 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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A. Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Bridget Mailing Address 205 South Locust City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25633 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Linda Mailing Address 4322 Crossgate Drive City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25262 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Linda Mailing Address 4322 Crossgate Drive City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25263 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Linda Mailing Address 4322 Crossgate Drive City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25264 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Linda Mailing Address 4322 Crossgate Drive City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25265 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
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A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Wagner Linda</p> <p>Mailing Address 4322 Crossgate Drive</p> <p>City State Zip Code Champaign IL 61822</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25266 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lash Kelly</p> <p>Mailing Address 801 West Delaware</p> <p>City State Zip Code Urbana IL 61807</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25267 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lash Kelly</p> <p>Mailing Address 801 West Delaware</p> <p>City State Zip Code Urbana IL 61807</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25268 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lash Kelly</p> <p>Mailing Address 801 West Delaware</p> <p>City State Zip Code Urbana IL 61807</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25269 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Lash Kelly</p> <p>Mailing Address 801 West Delaware</p> <p>City State Zip Code Urbana IL 61807</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25270 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Lash Kelly Mailing Address 801 West Delaware City Urbana State IL Zip Code 61807 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25271 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Vetter Daniel Mailing Address 2202 Brownstone Court City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25272 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vetter Daniel Mailing Address 2202 Brownstone Court City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25273 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vetter Daniel Mailing Address 2202 Brownstone Court City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25274 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Vetter Daniel Mailing Address 2202 Brownstone Court City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25275 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Vetter Daniel Mailing Address 2202 Brownstone Court City State Zip Code Champaign IL 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25276 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25277 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25278 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25279 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25280 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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B.	Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City Savoy State IL Zip Code 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25634 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City Savoy State IL Zip Code 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25635 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City Savoy State IL Zip Code 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25636 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City Savoy State IL Zip Code 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25637 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25638 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25933 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25934 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25935 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> Account: LEVIN [MEMO ITEM]
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B.	Full Name (Last, First, Middle Initial) / Full Organization Name Chestnut Chris Mailing Address 501 Village Park Way City State Zip Code Savoy IL 61874 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26264 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26269 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26270 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26272 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25941 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25942 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25943 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25639 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25640 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25641 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25642 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25282 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25283 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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B. Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 101 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25285 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25286 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25287 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25288 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25289 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25944 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25945 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25946 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25947 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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B. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25645 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25646 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25643 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Juhas Jackie Mailing Address 1134 Grandview Drive City State Zip Code New Lenox IL 60451 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26273 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake</p> <p>Mailing Address 204 East Peabody Drive</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26279 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake</p> <p>Mailing Address 204 East Peabody Drive</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26260 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake</p> <p>Mailing Address 204 East Peabody Drive</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26261 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake</p> <p>Mailing Address 204 East Peabody Drive</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25932 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake</p> <p>Mailing Address 204 East Peabody Drive</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25647 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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A. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25648 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25650 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25948 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25949 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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B. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25291 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vermillion Jake Mailing Address 204 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25292 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will Mailing Address 709 West Green City State Zip Code Champaign IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25293 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will Mailing Address 709 West Green City State Zip Code Champaign IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25294 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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Aggregation Page

FOR LINE NUMBER:
(check only one)

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☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25295 Date of Disbursement
	Mailing Address 709 West Green	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25296 Date of Disbursement
	Mailing Address 709 West Green	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>0</div> <div>3</div><div>0</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25955 Date of Disbursement
	Mailing Address 709 West Green	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>1</div> <div>0</div><div>1</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25956 Date of Disbursement
	Mailing Address 709 West Green	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>1</div> <div>0</div><div>1</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25957 Date of Disbursement
	Mailing Address 709 West Green	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> </div> <div> <div>1</div><div>1</div> <div>0</div><div>1</div> <div>2</div><div>0</div><div>1</div><div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25958 Date of Disbursement
	Mailing Address 709 West Green	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25653 Date of Disbursement
	Mailing Address 709 West Green	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25654 Date of Disbursement
	Mailing Address 709 West Green	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25655 Date of Disbursement
	Mailing Address 709 West Green	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E25656 Date of Disbursement
	Mailing Address 709 West Green	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E26284 Date of Disbursement
	Mailing Address 709 West Green	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E26285 Date of Disbursement
	Mailing Address 709 West Green	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E26286 Date of Disbursement
	Mailing Address 709 West Green	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E26287 Date of Disbursement
	Mailing Address 709 West Green	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Thompson Will	Transaction ID: 4B10317.E26288 Date of Disbursement
	Mailing Address 709 West Green	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael</p> <p>Mailing Address 1208 West Church Street</p> <p>City Champaign State IL Zip Code 61821</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26289 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael</p> <p>Mailing Address 1208 West Church Street</p> <p>City Champaign State IL Zip Code 61821</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26290 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael</p> <p>Mailing Address 1208 West Church Street</p> <p>City Champaign State IL Zip Code 61821</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26291 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael</p> <p>Mailing Address 1208 West Church Street</p> <p>City Champaign State IL Zip Code 61821</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25657 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael</p> <p>Mailing Address 1208 West Church Street</p> <p>City Champaign State IL Zip Code 61821</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25658 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 0 / <input type="text"/> 3 <input type="text"/> 1 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

☐ 4a ☐ 4c ☒ 5
☐ 4b ☐ 4d

NAME OF COMMITTEE (In Full)
Illinois Republican Party

FEC Schedule SL-B (Form 3X) (Revised 02/2003)

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael Mailing Address 1208 West Church Street City State Zip Code Champaign IL 61821 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25297 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael Mailing Address 1208 West Church Street City State Zip Code Champaign IL 61821 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25298 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael Mailing Address 1208 West Church Street City State Zip Code Champaign IL 61821 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25299 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Bishop Michael Mailing Address 1208 West Church Street City State Zip Code Champaign IL 61821 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25300 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25301 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

FEC Schedule SL-B (Form 3X) (Revised 02/2003)

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25969 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26295 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26296 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26297 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25665 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25666 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kozlowski Mike Mailing Address 1007 South Locust, Spt#313 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25667 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25668 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25669 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25670 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25671 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26298 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26299 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26300 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25970 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25971 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25972 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25973 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25304 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25305 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Knecht Julie Mailing Address 565 Red Barn Lane City State Zip Code Barrington IL 60010 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25306 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah Mailing Address 611 East Daniel City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25307 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah Mailing Address 611 East Daniel City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25308 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah Mailing Address 611 East Daniel City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25309 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah Mailing Address 611 East Daniel City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26313 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah	Transaction ID: 4B10317.E26314 Date of Disbursement
	Mailing Address 611 East Daniel	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah	Transaction ID: 4B10317.E26315 Date of Disbursement
	Mailing Address 611 East Daniel	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah	Transaction ID: 4B10317.E25681 Date of Disbursement
	Mailing Address 611 East Daniel	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah	Transaction ID: 4B10317.E25682 Date of Disbursement
	Mailing Address 611 East Daniel	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Roe Hannah	Transaction ID: 4B10317.E25987 Date of Disbursement
	Mailing Address 611 East Daniel	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25988 Date of Disbursement
	Roe Hannah	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	Mailing Address 611 East Daniel	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	City State Zip Code	Account: LEVIN [MEMO ITEM]
	Champaign IL 61820	
	Purpose of Disbursement	
	Memo: Generic Gotv Incent Gift Card	
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25989 Date of Disbursement
	Roe Hannah	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	Mailing Address 611 East Daniel	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	City State Zip Code	Account: LEVIN [MEMO ITEM]
	Champaign IL 61820	
	Purpose of Disbursement	
	Memo: Generic Gotv Incent Gift Card	
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25990 Date of Disbursement
	Roe Hannah	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	Mailing Address 611 East Daniel	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	City State Zip Code	Account: LEVIN [MEMO ITEM]
	Champaign IL 61820	
	Purpose of Disbursement	
	Memo: Generic Gotv Incent Gift Card	
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25991 Date of Disbursement
	Johnsen Jane	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	Mailing Address 611 East Daniel Street	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	City State Zip Code	Account: LEVIN [MEMO ITEM]
	Champaign IL 61820	
	Purpose of Disbursement	
	Memo: Generic Gotv Incent Gift Card	
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25992 Date of Disbursement
	Johnsen Jane	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	Mailing Address 611 East Daniel Street	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	City State Zip Code	Account: LEVIN [MEMO ITEM]
	Champaign IL 61820	
	Purpose of Disbursement	
	Memo: Generic Gotv Incent Gift Card	
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25993 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25994 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25683 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25684 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25685 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26316 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26317 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26318 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25310 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Johnsen Jane Mailing Address 611 East Daniel Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25311 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno	Transaction ID: 4B10317.E25312 Date of Disbursement
Mailing Address 4506 Stonebridge	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Champaign IL 61822	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno	Transaction ID: 4B10317.E25313 Date of Disbursement
Mailing Address 4506 Stonebridge	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Champaign IL 61822	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno	Transaction ID: 4B10317.E26321 Date of Disbursement
Mailing Address 4506 Stonebridge	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
City State Zip Code Champaign IL 61822	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno	Transaction ID: 4B10317.E26322 Date of Disbursement
Mailing Address 4506 Stonebridge	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
City State Zip Code Champaign IL 61822	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno	Transaction ID: 4B10317.E26323 Date of Disbursement
Mailing Address 4506 Stonebridge	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
City State Zip Code Champaign IL 61822	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno Mailing Address 4506 Stonebridge City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26000 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno Mailing Address 4506 Stonebridge City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26001 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Ruggles Geno Mailing Address 4506 Stonebridge City Champaign State IL Zip Code 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26002 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26009 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26010 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26011 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26330 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26331 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25691 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina Mailing Address 202 East Peabody City Champaign State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25692 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina	Transaction ID: 4B10317.E25693 Date of Disbursement
	Mailing Address 202 East Peabody	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hong Christina	Transaction ID: 4B10317.E25314 Date of Disbursement
	Mailing Address 202 East Peabody	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 61801	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry	Transaction ID: 4B10317.E25315 Date of Disbursement
	Mailing Address 245 East Niagara Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Elmhurst IL 60126	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry	Transaction ID: 4B10317.E25316 Date of Disbursement
	Mailing Address 245 East Niagara Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Elmhurst IL 60126	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry	Transaction ID: 4B10317.E25317 Date of Disbursement
	Mailing Address 245 East Niagara Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Elmhurst IL 60126	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry Mailing Address 245 East Niagara Ave City State Zip Code Elmhurst IL 60126 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25318 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry Mailing Address 245 East Niagara Ave City State Zip Code Elmhurst IL 60126 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25319 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry Mailing Address 245 East Niagara Ave City State Zip Code Elmhurst IL 60126 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25320 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vachaparambil Jerry Mailing Address 245 East Niagara Ave City State Zip Code Elmhurst IL 60126 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25321 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25322 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25323 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25324 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25325 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25326 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25694 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25695 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25696 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25697 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25698 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Bizios Alexandra Mailing Address 202 East Peabody Drive City State Zip Code Champaign IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26014 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26023 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25699 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25700 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26334 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26335 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25327 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25328 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25329 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26024 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Farris Bob Mailing Address 802 N Cheney City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26025 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26026 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26027 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26028 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25330 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25331 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25332 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26336 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26337 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25701 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mckechen Ron Mailing Address 4032 Hazelbrook Drive City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25702 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25703 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25704 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26338 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26339 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25333 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25334 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25335 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26029 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26030 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Funk Elaine Mailing Address 2005 Claremont City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26031 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26032 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26033 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26034 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25336 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25337 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25338 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26340 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26341 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26342 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25705 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25706 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Roth Ryan Mailing Address Rr 2 Box 31 City State Zip Code Carrollton IL 62016 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25707 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbuilt City State Zip Code Sherman IL 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25708 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbuilt City State Zip Code Sherman IL 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25709 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbuilt City State Zip Code Sherman IL 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25710 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbilt City Sherman State IL Zip Code 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25711 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbilt City Sherman State IL Zip Code 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25712 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbilt City Sherman State IL Zip Code 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26345 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbilt City Sherman State IL Zip Code 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26343 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbilt City Sherman State IL Zip Code 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26344 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
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A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis</p> <p>Mailing Address 512 Vanderbilt</p> <p>City Sherman State IL Zip Code 62684</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25814</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis</p> <p>Mailing Address 512 Vanderbilt</p> <p>City Sherman State IL Zip Code 62684</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25339</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis</p> <p>Mailing Address 512 Vanderbilt</p> <p>City Sherman State IL Zip Code 62684</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25340</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis</p> <p>Mailing Address 512 Vanderbilt</p> <p>City Sherman State IL Zip Code 62684</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25341</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis</p> <p>Mailing Address 512 Vanderbilt</p> <p>City Sherman State IL Zip Code 62684</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25342</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbuilt City State Zip Code Sherman IL 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26035 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Pennman Travis Mailing Address 512 Vanderbuilt City State Zip Code Sherman IL 62684 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26036 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City State Zip Code Springfield IL 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25343 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City State Zip Code Springfield IL 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25344 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City State Zip Code Springfield IL 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25345 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25346 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25347 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Sheikh Adbi Mailing Address 2319 William Maxwell Lane City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25348 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Adkisson Sam Mailing Address 325 Keystone City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25349 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Adkisson Sam Mailing Address 325 Keystone City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26039 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Adkisson Sam Mailing Address 325 Keystone City State Zip Code Chatham IL 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26346 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Adkisson Sam Mailing Address 325 Keystone City State Zip Code Chatham IL 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26347 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Adkisson Sam Mailing Address 325 Keystone City State Zip Code Chatham IL 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25713 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Stewart Clarence Mailing Address 125 S Wesley City State Zip Code Springfield IL 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25714 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Stewart Clarence Mailing Address 125 S Wesley City State Zip Code Springfield IL 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25715 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Stewart Clarence Mailing Address 125 S Wesley City Springfield State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26040 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Stewart Clarence Mailing Address 125 S Wesley City Springfield State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25350 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Stewart Clarence Mailing Address 125 S Wesley City Springfield State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25351 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Williams Mike Mailing Address 800 S Durkin Drive Apt 454 City Springfield State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25352 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Williams Mike Mailing Address 800 S Durkin Drive Apt 454 City Springfield State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Williams Mike</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26047 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Williams Mike</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25716 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Mcgowen Tabatha</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25717 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Mcgowen Tabatha</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26048 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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Illinois Republican Party

<p>A. Full Name (Last, First, Middle Initial) / Full Organization Name Mcgowen Tabatha</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26049 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) / Full Organization Name Mcgowen Tabatha</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26050 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) / Full Organization Name Mcgowen Tabatha</p> <p>Mailing Address 800 S Durkin Drive Apt 454</p> <p>City Springfield State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25353 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>D. Full Name (Last, First, Middle Initial) / Full Organization Name Sronce Greg</p> <p>Mailing Address 205 S English</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25354 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>E. Full Name (Last, First, Middle Initial) / Full Organization Name Sronce Greg</p> <p>Mailing Address 205 S English</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25718 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Sronce Greg</p> <p>Mailing Address 205 S English</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26349 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Sronce Greg</p> <p>Mailing Address 205 S English</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26350 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Sronce Greg</p> <p>Mailing Address 205 S English</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26351 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Meir Jb</p> <p>Mailing Address 405 Treeline Lane</p> <p>City Springfield, State IL Zip Code 62703</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26352 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Meir Jb</p> <p>Mailing Address 405 Treeline Lane</p> <p>City Springfield, State IL Zip Code 62703</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26353 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> 1 <input type="text"/> 1 / <input type="text"/> 0 <input type="text"/> 2 / <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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B. Full Name (Last, First, Middle Initial) / Full Organization Name Meir Jb Mailing Address 405 Treeline Lane City Springfield, State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25719 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Meir Jb Mailing Address 405 Treeline Lane City Springfield, State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25355 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Rich Mailing Address 2823 Dryden City Springfield, State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25356 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Rich Mailing Address 2823 Dryden City Springfield, State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25357 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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TOTAL This Period (last page this line number only) ▶ <div></div>	

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B. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Rich Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25720 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Rich Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25721 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Cook April Mailing Address 308 Estes Park Drive City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25722 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Cook April Mailing Address 308 Estes Park Drive City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25723 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Cook April Mailing Address 308 Estes Park Drive City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25359 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Cook April Mailing Address 308 Estes Park Drive City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25360 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Cook April Mailing Address 308 Estes Park Drive City Chatham State IL Zip Code 62629 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26054 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26058 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26059 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26060 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25361 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25362 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25363 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25724 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25725 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26359 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Bradley Emily Mailing Address 1837 N 9th Street City Springfield, State IL Zip Code 62702 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26360 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John Mailing Address 3800 Oakwood Circle City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26361 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John Mailing Address 3800 Oakwood Circle City Taylorville State IL Zip Code 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26362 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John	Transaction ID: 4B10317.E25364 Date of Disbursement
	Mailing Address 3800 Oakwood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Taylorville IL 62568	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John	Transaction ID: 4B10317.E25365 Date of Disbursement
	Mailing Address 3800 Oakwood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Taylorville IL 62568	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John	Transaction ID: 4B10317.E25366 Date of Disbursement
	Mailing Address 3800 Oakwood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Taylorville IL 62568	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John	Transaction ID: 4B10317.E25726 Date of Disbursement
	Mailing Address 3800 Oakwood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Taylorville IL 62568	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John	Transaction ID: 4B10317.E25727 Date of Disbursement
	Mailing Address 3800 Oakwood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Taylorville IL 62568	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John Mailing Address 3800 Oakwood Circle City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26061 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11/01/2010</div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John Mailing Address 3800 Oakwood Circle City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26062 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11/01/2010</div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Richardson John Mailing Address 3800 Oakwood Circle City State Zip Code Taylorville IL 62568 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26063 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11/01/2010</div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City State Zip Code Springfield, IL 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26064 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11/01/2010</div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City State Zip Code Springfield, IL 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26065 Date of Disbursement <div> <div>MM</div> <div>DD</div> <div>YY</div> </div> <div>11/01/2010</div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26066 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25728 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25729 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25730 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25731 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25732 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25733 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25734 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25735 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25367 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25368 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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NAME OF COMMITTEE (In Full)
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A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew</p> <p>Mailing Address 500 West Monroe</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25369 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew</p> <p>Mailing Address 500 West Monroe</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25370 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew</p> <p>Mailing Address 500 West Monroe</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25371 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew</p> <p>Mailing Address 500 West Monroe</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25372 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew</p> <p>Mailing Address 500 West Monroe</p> <p>City Springfield, State IL Zip Code 62704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25373 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25374 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26363 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26364 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26365 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26366 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26367 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26368 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26369 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26370 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew Mailing Address 500 West Monroe City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26371 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26372 Date of Disbursement
	Mailing Address 500 West Monroe	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11 / 02 / 2010</div> </div>
	City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26373 Date of Disbursement
	Mailing Address 500 West Monroe	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11 / 02 / 2010</div> </div>
	City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26374 Date of Disbursement
	Mailing Address 500 West Monroe	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11 / 02 / 2010</div> </div>
	City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26375 Date of Disbursement
	Mailing Address 500 West Monroe	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11 / 02 / 2010</div> </div>
	City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26376 Date of Disbursement
	Mailing Address 500 West Monroe	<div> <div><div>M</div><div>M</div></div> <div><div>D</div><div>D</div></div> <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11 / 02 / 2010</div> </div>
	City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Griswold Andrew	Transaction ID: 4B10317.E26377 Date of Disbursement
Mailing Address 500 West Monroe	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan	Transaction ID: 4B10317.E25375 Date of Disbursement
Mailing Address 548 Canedy	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>3</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan	Transaction ID: 4B10317.E25376 Date of Disbursement
Mailing Address 548 Canedy	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>3</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan	Transaction ID: 4B10317.E25377 Date of Disbursement
Mailing Address 548 Canedy	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>3</div> <div>0</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan	Transaction ID: 4B10317.E25376 Date of Disbursement
Mailing Address 548 Canedy	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>0</div> </div> <div> <div>3</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Springfield, IL 62704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan Mailing Address 548 Canedy City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25737 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan Mailing Address 548 Canedy City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25738 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Tozer Ryan Mailing Address 548 Canedy City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26071 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26075 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26092 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26093 Date of Disbursement <div> <div>MM/DD/YY</div> <div>11/01/2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25741 Date of Disbursement <div> <div>MM/DD/YY</div> <div>10/31/2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25742 Date of Disbursement <div> <div>MM/DD/YY</div> <div>10/31/2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25743 Date of Disbursement <div> <div>MM/DD/YY</div> <div>10/31/2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25378 Date of Disbursement <div> <div>MM/DD/YY</div> <div>10/30/2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25413 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25392 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26378 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26379 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave. City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26380 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mcnamara Colin	Transaction ID: 4B10317.E25379 Date of Disbursement
Mailing Address 68 Annebriar Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Maryville IL 62062	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mcnamara Cameron	Transaction ID: 4B10317.E25380 Date of Disbursement
Mailing Address 68 Annebriar Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Maryville IL 62062	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta	Transaction ID: 4B10317.E25381 Date of Disbursement
Mailing Address 221 Bernice	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Collinsville IL 62234	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Buettner Ruth	Transaction ID: 4B10317.E25382 Date of Disbursement
Mailing Address 1326 Eileen	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Collinsville IL 62234	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Buettner Ruth	Transaction ID: 4B10317.E26384 Date of Disbursement
Mailing Address 1326 Eileen	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div>
City State Zip Code Collinsville IL 62234	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Stephen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25383 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Stephen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25394 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Nancy Mailing Address 205 S. Locust St. City State Zip Code Highland IL 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25391 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Cahalan Nancy Mailing Address 205 S. Locust St. City State Zip Code Highland IL 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25384 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora Mailing Address 206 Crestwood Dr. City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25385 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora</p> <p>Mailing Address 206 Crestwood Dr.</p> <p>City State Zip Code Collinsville IL 62234</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25396 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora</p> <p>Mailing Address 206 Crestwood Dr.</p> <p>City State Zip Code Collinsville IL 62234</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25407 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora</p> <p>Mailing Address 206 Crestwood Dr.</p> <p>City State Zip Code Collinsville IL 62234</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26383 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora</p> <p>Mailing Address 206 Crestwood Dr.</p> <p>City State Zip Code Collinsville IL 62234</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25757 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora</p> <p>Mailing Address 206 Crestwood Dr.</p> <p>City State Zip Code Collinsville IL 62234</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25739 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Rohan Dora Mailing Address 206 Crestwood Dr. City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25740 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Gwen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26080 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Gwen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26081 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Gwen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26382 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Gwen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25395 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kukielski Gwen Mailing Address 934 Ivy Ct. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25386 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Ebbens Carolyn Mailing Address 5235 Luzzane Ln. City State Zip Code Indianapolis IN 46220 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25387 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Ebbens Carolyn Mailing Address 5235 Luzzane Ln. City State Zip Code Indianapolis IN 46220 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25403 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ebbens Carolyn Mailing Address 5235 Luzzane Ln. City State Zip Code Indianapolis IN 46220 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25393 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ebbens Carolyn Mailing Address 5235 Luzzane Ln. City State Zip Code Indianapolis IN 46220 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25414 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Ebbens Carolyn Mailing Address 5235 Luzzane Ln. City State Zip Code Indianapolis IN 46220 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26387 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25754 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25755 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25756 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26390 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25415 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25397 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25388 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25405 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26094 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Walters Corey Mailing Address 705 Cheshire Rd. City State Zip Code Troy IL 62294 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26095 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Hughes Jerome Mailing Address 1254 State St. City State Zip Code Alton IL 62002 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25389 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Hughes Jerome Mailing Address 1254 State St. City State Zip Code Alton IL 62002 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25402 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Simpson Thomas Mailing Address 7185 Eagles Mount Ln City State Zip Code Edwardsville IL 62025 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25390 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Smith Jack Mailing Address 9713 Old Lincoln Tr. City State Zip Code Fairview Hts IL 62208 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25398 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Smith Carolyn	Transaction ID: 4B10317.E25399 Date of Disbursement
Mailing Address 9713 Old Lincoln Tr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Fairview Hts IL 62208	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Clark Valerie	Transaction ID: 4B10317.E25400 Date of Disbursement
Mailing Address 71 Christmas Tree Pt.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Edwardsville IL 62025	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Karl Noella	Transaction ID: 4B10317.E25401 Date of Disbursement
Mailing Address 524 Lone Robin	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Troy IL 62294	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta	Transaction ID: 4B10317.E25404 Date of Disbursement
Mailing Address 211 Bernice	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Collinsville IL 62234	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta	Transaction ID: 4B10317.E25416 Date of Disbursement
Mailing Address 211 Bernice	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Collinsville IL 62234	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta Mailing Address 211 Bernice City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26386 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta Mailing Address 211 Bernice City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26087 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Futrell Velta Mailing Address 211 Bernice City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26088 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Oger Bill Mailing Address 2415 Linda Ave City State Zip Code Vandalia IL 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25406 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Voight Jason Mailing Address 337 Glen Carbon Rd City State Zip Code Glen Carbon IL 62034 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25408 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Voight Jason Mailing Address 337 Glen Carbon Rd City State Zip Code Glen Carbon IL 62034 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26388 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Wirth Carlene Mailing Address 173 Sandridge Dr. City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26389 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Wirth Carlene Mailing Address 173 Sandridge Dr. City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25409 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Wirth Carlene Mailing Address 173 Sandridge Dr. City State Zip Code Collinsville IL 62234 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26090 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Peterson George Mailing Address 728 Deerfield Dr City State Zip Code Swansea IL 62226 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25410 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Thomas Andy Mailing Address 32 Grainey Dr City State Zip Code Glen Carbon IL 62034 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25411 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Thomas Andy Mailing Address 32 Grainey Dr City State Zip Code Glen Carbon IL 62034 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25758 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Dehne Ruth Mailing Address 8 Cherrywood Ct City State Zip Code Belleville IL 62221 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25412 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Benner Pat Mailing Address 5107 Lookout Ridge City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25417 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Benner Pat Mailing Address 5107 Lookout Ridge City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25761 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Benner Pat Mailing Address 5107 Lookout Ridge City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26391 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Benner Pat Mailing Address 5107 Lookout Ridge City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26098 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Meier Jane Mailing Address 310 E York St City State Zip Code Camp Point IL 62320 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26099 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Meier Jane Mailing Address 310 E York St City State Zip Code Camp Point IL 62320 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25418 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Crank Shirley Mailing Address 228 Lexington City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25419 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Crank Shirley Mailing Address 228 Lexington City Quincy State IL Zip Code 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25762 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Crank Shirley Mailing Address 228 Lexington City Quincy State IL Zip Code 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26100 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Ensley Rick Mailing Address 907 S 5th St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25420 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Dulaney Dave Mailing Address 3800 Stonegate Rd City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25421 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25422 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25423 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25424 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25763 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25764 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26392 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26393 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26394 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26101 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26102 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Dearing Matthew Mailing Address 2602 Lind St City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26103 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kendrick Juett</p> <p>Mailing Address 3000 Lincoln Hill N.e.</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25765 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kendrick Juett</p> <p>Mailing Address 3000 Lincoln Hill N.e.</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25425 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Huner Bill</p> <p>Mailing Address 2432 Monroe</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25426 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Huner Wyatt</p> <p>Mailing Address 2432 Monroe</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25427 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Kathy</p> <p>Mailing Address 4333 S 24th St</p> <p>City Quincy State IL Zip Code 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25428 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
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 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Pfaffee Velma Mailing Address 2912 Spring City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25429 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Helton Dawn Mailing Address 460 E 1300th St City Payson State IL Zip Code 62360 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25430 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Helton Allsion Mailing Address 460 E 1300th St City Payson State IL Zip Code 62360 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25431 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Hyslop Harold Mailing Address 615 S 19th City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25432 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Hyslop Harold Mailing Address 615 S 19th City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25766 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial) / Full Organization Name Nichols Richard Mailing Address 2201 Sycamore City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25433 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Farha Aaron Mailing Address 2043 Vermont City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25434 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mollins Carol Mailing Address 310 Lexington City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25435 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mollins Carol Mailing Address 310 Lexington City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25436 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mollins Carol Mailing Address 310 Lexington City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26395 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Mollins Carol</p> <p>Mailing Address 310 Lexington</p> <p>City State Zip Code Quincy IL 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26104 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Morrison Sam</p> <p>Mailing Address 2241 College Ave</p> <p>City State Zip Code Quincy IL 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26396 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Morrison Sam</p> <p>Mailing Address 2241 College Ave</p> <p>City State Zip Code Quincy IL 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25437 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Morrison Sam</p> <p>Mailing Address 2241 College Ave</p> <p>City State Zip Code Quincy IL 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25438 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle</p> <p>Mailing Address 2897 Hampshire</p> <p>City State Zip Code Quincy IL 62301</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25439 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 0 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text"/> 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text"/> 0.00</p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25440 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25441 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26397 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26398 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26399 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25768 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25769 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26106 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Moore Kyle Mailing Address 2897 Hampshire City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26107 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Luke Mailing Address 4333 S 24th City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25444 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Luke Mailing Address 4333 S 24th City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25775 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Luke Mailing Address 4333 S 24th City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25776 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Luke Mailing Address 4333 S 24th City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25442 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Neuser Luke Mailing Address 4333 S 24th City State Zip Code Quincy IL 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25443 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Allen Rebecca Mailing Address 32951 E 1400 North Rd City State Zip Code Cullom IL 60929 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25445 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla</p> <p>Mailing Address 858 Starlight Ct</p> <p>City Herren State IL Zip Code 62948</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25446 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla</p> <p>Mailing Address 858 Starlight Ct</p> <p>City Herren State IL Zip Code 62948</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25447 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla</p> <p>Mailing Address 858 Starlight Ct</p> <p>City Herren State IL Zip Code 62948</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25448 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla</p> <p>Mailing Address 858 Starlight Ct</p> <p>City Herren State IL Zip Code 62948</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26122 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla</p> <p>Mailing Address 858 Starlight Ct</p> <p>City Herren State IL Zip Code 62948</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26123 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla Mailing Address 858 Starlight Ct City Herren State IL Zip Code 62948 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26124 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla Mailing Address 858 Starlight Ct City Herren State IL Zip Code 62948 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25779 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla Mailing Address 858 Starlight Ct City Herren State IL Zip Code 62948 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25780 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla Mailing Address 858 Starlight Ct City Herren State IL Zip Code 62948 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25490 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Blake Karla Mailing Address 858 Starlight Ct City Herren State IL Zip Code 62948 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25491 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25781 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25782 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25783 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25449 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25450 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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A.	Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25451 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Clanahan Chase Mailing Address 1108 East 5th St City State Zip Code Metropolis IL 62960 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25452 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25453 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25454 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25785 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25786 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25787 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26125 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26126 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26127 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26128 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25492 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25493 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Crabtree Adrienna Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25494 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Franklin Debra Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25455 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Brittany Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25456 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Brittany Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25788 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Brittany Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25789 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Brittany Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25495 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Brittany Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25806 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25807 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25808 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25496 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25790 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob Mailing Address 16183 Key Rd City State Zip Code Hurst IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25791 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Godwin Rob	Transaction ID: 4B10317.E25457 Date of Disbursement
Mailing Address 16183 Key Rd	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City State Zip Code Hurst IL 62924	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann	Transaction ID: 4B10317.E25458 Date of Disbursement
Mailing Address 1101 N Madison St	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann	Transaction ID: 4B10317.E25459 Date of Disbursement
Mailing Address 1101 N Madison St	<div> <div>10</div> <div>30</div> <div>2010</div> </div>
City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann	Transaction ID: 4B10317.E25792 Date of Disbursement
Mailing Address 1101 N Madison St	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann	Transaction ID: 4B10317.E25793 Date of Disbursement
Mailing Address 1101 N Madison St	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26129 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26130 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25809 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25810 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hope Joann Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25811 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric Mailing Address E Sloan St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25812 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric Mailing Address E Sloan St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25813 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric Mailing Address E Sloan St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26131 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric Mailing Address E Sloan St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26132 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric Mailing Address E Sloan St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26133 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric</p> <p>Mailing Address E Sloan St</p> <p>City State Zip Code Harrisburg IL 62946</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26134 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric</p> <p>Mailing Address E Sloan St</p> <p>City State Zip Code Harrisburg IL 62946</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25460 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Jackson Eric</p> <p>Mailing Address E Sloan St</p> <p>City State Zip Code Harrisburg IL 62946</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26161 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kelley Mark</p> <p>Mailing Address 1101 N Madison St</p> <p>City State Zip Code Marion IL 62959</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25461 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kelley Mark</p> <p>Mailing Address 1101 N Madison St</p> <p>City State Zip Code Marion IL 62959</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25462 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kelley Mark</p> <p>Mailing Address 1101 N Madison St</p> <p>City Marion State IL Zip Code 62959</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25794 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kelley Mark</p> <p>Mailing Address 1101 N Madison St</p> <p>City Marion State IL Zip Code 62959</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26135 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kelley Mark</p> <p>Mailing Address 1101 N Madison St</p> <p>City Marion State IL Zip Code 62959</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26136 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name King Lou</p> <p>Mailing Address 1012 S Granger St</p> <p>City Harrisburg State IL Zip Code 62946</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25463 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name King Lou</p> <p>Mailing Address 1012 S Granger St</p> <p>City Harrisburg State IL Zip Code 62946</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25464 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25465 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26162 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26163 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26164 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26137 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Long Caleb Mailing Address 517 W Lincoln St City State Zip Code Harrisburg IL 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26138 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mcsparin Jerry Mailing Address 22505 Shelton Ln City State Zip Code Stonefort IL 62987 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25466 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mcsparin Jerry Mailing Address 22505 Shelton Ln City State Zip Code Stonefort IL 62987 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25467 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ragain Joy Mailing Address 1113 Folgers St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25468 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ragain Joy Mailing Address 1113 Folgers St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25469 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Ragain Joy Mailing Address 1113 Folgers St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26411 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Ragain Joy Mailing Address 1113 Folgers St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26142 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Ragain Joy Mailing Address 1113 Folgers St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26143 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25798 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25799 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25800 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26148 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26149 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25470 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra</p> <p>Mailing Address 209 N Anna St</p> <p>City State Zip Code West Frankfort IL 62896</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25471 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra</p> <p>Mailing Address 209 N Anna St</p> <p>City State Zip Code West Frankfort IL 62896</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25472 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Sandra</p> <p>Mailing Address 209 N Anna St</p> <p>City State Zip Code West Frankfort IL 62896</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25473 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike</p> <p>Mailing Address 209 N Anna St</p> <p>City State Zip Code West Frankfort IL 62896</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25474 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike</p> <p>Mailing Address 209 N Anna St</p> <p>City State Zip Code West Frankfort IL 62896</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25475 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25476 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26412 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26413 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>10.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26145 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26146 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25795 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25796 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25797 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Ramsey Mike Mailing Address 209 N Anna St City State Zip Code West Frankfort IL 62896 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26144 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Reece Laura Mailing Address 1700 Doctor Springs Rd City State Zip Code Desoto IL 62924 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26150 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Reece Laura	Transaction ID: 4B10317.E25477 Date of Disbursement
	Mailing Address 1700 Doctor Springs Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Desoto IL 62924	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Joel	Transaction ID: 4B10317.E25478 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Joel	Transaction ID: 4B10317.E25479 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Joel	Transaction ID: 4B10317.E26155 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Joel	Transaction ID: 4B10317.E25801 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Joel Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25802 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Swatschero David Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25803 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Swatschero David Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26156 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Swatschero David Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26157 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Swatschero David Mailing Address 1101 N Madison St City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25480 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Swatschero David	Transaction ID: 4B10317.E25481 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Swearingen Matt	Transaction ID: 4B10317.E25482 Date of Disbursement
	Mailing Address 1101 E Grand Ave, Ste 1	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Carbondale IL 62901	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Talbert David	Transaction ID: 4B10317.E25483 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Talbert David	Transaction ID: 4B10317.E26158 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Thorpe David	Transaction ID: 4B10317.E25484 Date of Disbursement
	Mailing Address 1101 N Madison St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div>
	City State Zip Code Marion IL 62959	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Thorpe David Mailing Address 1101 N Madison St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25485 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Thorpe David Mailing Address 1101 N Madison St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25804 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Thorpe David Mailing Address 1101 N Madison St City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25805 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Yackey Beverly Mailing Address Box 252 City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25486 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 0 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Yackey Beverly Mailing Address Box 252 City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26160 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26118 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>01</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26119 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>01</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26120 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>01</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26121 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>11</div><div>01</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25487 Date of Disbursement <div> <div>MM</div><div>DD</div><div>YY</div> <div>10</div><div>30</div><div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25488 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25489 Date of Disbursement <div> <div>10</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25777 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Birkhead Tom Mailing Address 1101 N Madison City Marion State IL Zip Code 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25778 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Sous Victoria Mailing Address 649 Trace Dr.apt 2 City Buffalo Grove State IL Zip Code 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25501 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Sous Victoria Mailing Address 649 Trace Dr.apt 2 City State Zip Code Buffalo Grove IL 60089 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25502 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Chada Mike Mailing Address 426 Inverrary Lane City State Zip Code Deerfield IL 60015 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25505 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Geha Georgette Mailing Address 9421 Kostner City State Zip Code Skokie IL 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25506 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Geha Georgette Mailing Address 9421 Kostner City State Zip Code Skokie IL 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25507 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Dan Mailing Address 202 W. 79th Street City State Zip Code Willowbrook IL 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25513 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Dan Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25514 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Dan Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25515 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Parashchak Dan Mailing Address 202 W. 79th Street City Willowbrook State IL Zip Code 60527 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25817 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Rubin Gabe Mailing Address 4450 Davis St City Skokie State IL Zip Code 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25521 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Rubin Gabe Mailing Address 4450 Davis St City Skokie State IL Zip Code 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25522 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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NAME OF COMMITTEE (In Full)
Illinois Republican Party

FEC Schedule SL-B (Form 3X) (Revised 02/2003)

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Rubin Gabe Mailing Address 4450 Davis St City State Zip Code Skokie IL 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25547 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Rubin Daniel Mailing Address 8934 Samoset City State Zip Code Skokie IL 60076 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25524 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly Mailing Address 14 White Barn Rd. City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25525 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly Mailing Address 14 White Barn Rd. City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25526 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly Mailing Address 14 White Barn Rd. City State Zip Code Vernon Hills IL 60061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25527 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly</p> <p>Mailing Address 14 White Barn Rd.</p> <p>City State Zip Code Vernon Hills IL 60061</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26167 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly</p> <p>Mailing Address 14 White Barn Rd.</p> <p>City State Zip Code Vernon Hills IL 60061</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26168 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Molly</p> <p>Mailing Address 14 White Barn Rd.</p> <p>City State Zip Code Vernon Hills IL 60061</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26169 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Radke Rosemary</p> <p>Mailing Address 1064 Copperstone Ct</p> <p>City State Zip Code Northbrook IL 60062</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25531 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick</p> <p>Mailing Address 782 Greenwood Road</p> <p>City State Zip Code Northbrook IL 60062</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25540 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p>
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25541 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Simon Nick Mailing Address 782 Greenwood Road City Northbrook State IL Zip Code 60062 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25542 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Tampson Stephanie Mailing Address 8801 N Wisner St City Niles State IL Zip Code 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25543 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Tampson Stephanie Mailing Address 8801 N Wisner St City Niles State IL Zip Code 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25544 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Tampson Stephanie Mailing Address 8801 N Wisner St City Niles State IL Zip Code 60714 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25545 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa Mailing Address 10341 S. 51st Ct. City State Zip Code Oak Lawn IL 60453 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25557 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa Mailing Address 10341 S. 51st Ct. City State Zip Code Oak Lawn IL 60453 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26209 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa Mailing Address 10341 S. 51st Ct. City State Zip Code Oak Lawn IL 60453 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26210 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa Mailing Address 10341 S. 51st Ct. City State Zip Code Oak Lawn IL 60453 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26211 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa Mailing Address 10341 S. 51st Ct. City State Zip Code Oak Lawn IL 60453 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25856 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa</p> <p>Mailing Address 10341 S. 51st Ct.</p> <p>City State Zip Code Oak Lawn IL 60453</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25857 Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Straits Alyssa</p> <p>Mailing Address 10341 S. 51st Ct.</p> <p>City State Zip Code Oak Lawn IL 60453</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25848 Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Hyc Matt</p> <p>Mailing Address 5322 S. Narragansett</p> <p>City State Zip Code Chicago IL 60638</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25884 Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Hyc Matt</p> <p>Mailing Address 5322 S. Narragansett</p> <p>City State Zip Code Chicago IL 60638</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26215 Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Hyc Matt</p> <p>Mailing Address 5322 S. Narragansett</p> <p>City State Zip Code Chicago IL 60638</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26216 Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period <input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Hyc Matt Mailing Address 5322 S. Narragansett City State Zip Code Chicago IL 60638 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26217 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Hyc Matt Mailing Address 5322 S. Narragansett City State Zip Code Chicago IL 60638 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25558 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Sindelar Clarence Mailing Address 12927 E. Tanglewood Circle City State Zip Code Palos Park IL 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25559 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Sindelar Clarence Mailing Address 12927 E. Tanglewood Circle City State Zip Code Palos Park IL 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26207 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Sindelar Clarence Mailing Address 12927 E. Tanglewood Circle City State Zip Code Palos Park IL 60464 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div>	
TOTAL This Period (last page this line number only) ► <div></div>	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Sindelar Clarence	Transaction ID: 4B10317.E25879 Date of Disbursement
	Mailing Address 12927 E. Tanglewood Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Palos Park IL 60464	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bezanis Diana	Transaction ID: 4B10317.E25560 Date of Disbursement
	Mailing Address 11137 Helena Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Palos Hills IL 60465	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Schaible Matt	Transaction ID: 4B10317.E25563 Date of Disbursement
	Mailing Address 8846 S. Hamilton	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Chicago IL 60643	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Schaible Matt	Transaction ID: 4B10317.E25866 Date of Disbursement
	Mailing Address 8846 S. Hamilton	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Chicago IL 60643	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Schaible Matt	Transaction ID: 4B10317.E25867 Date of Disbursement
	Mailing Address 8846 S. Hamilton	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Chicago IL 60643	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schaible Matt</p> <p>Mailing Address 8846 S. Hamilton</p> <p>City State Zip Code Chicago IL 60643</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25868 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p> </p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Schaible Matt</p> <p>Mailing Address 8846 S. Hamilton</p> <p>City State Zip Code Chicago IL 60643</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25869 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p> </p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City State Zip Code Palos Park IL 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26204 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p> </p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City State Zip Code Palos Park IL 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26205 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p> </p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City State Zip Code Palos Park IL 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26206 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> <p>Amount of Each Disbursement this Period <div>20.00</div></p> <p>Account: LEVIN [MEMO ITEM]</p> </p>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City Palos Park State IL Zip Code 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25567 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City Palos Park State IL Zip Code 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25568 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Roupas Mike</p> <p>Mailing Address 9825 W. Circle Parkway</p> <p>City Palos Park State IL Zip Code 60464</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25569 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Anderson Janice</p> <p>Mailing Address 1527 Wedgefield Circle</p> <p>City Naperville State IL Zip Code 60563</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25571 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Anderson Janice</p> <p>Mailing Address 1527 Wedgefield Circle</p> <p>City Naperville State IL Zip Code 60563</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25885 Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>		<p><input type="text"/></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25886
	Atkinson Kory	Date of Disbursement
	Mailing Address 160 Brendon Ct.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	<div> <div>City State Zip Code</div> <div>Roselle IL 60172</div> </div>	<div>Amount of Each Disbursement this Period</div> <div>20.00</div>
	<div>Purpose of Disbursement</div> <div>Memo: Generic Gotv Incent Gift Card</div>	<div>Account: LEVIN</div> <div>[MEMO ITEM]</div>
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25572
	Atkinson Kory	Date of Disbursement
	Mailing Address 160 Brendon Ct.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	<div> <div>City State Zip Code</div> <div>Roselle IL 60172</div> </div>	<div>Amount of Each Disbursement this Period</div> <div>20.00</div>
	<div>Purpose of Disbursement</div> <div>Memo: Generic Gotv Incent Gift Card</div>	<div>Account: LEVIN</div> <div>[MEMO ITEM]</div>
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25577
	Emerson Masters Debra	Date of Disbursement
	Mailing Address 205 E. Butterfield Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	<div> <div>City State Zip Code</div> <div>Elmhurst IL 60126</div> </div>	<div>Amount of Each Disbursement this Period</div> <div>20.00</div>
	<div>Purpose of Disbursement</div> <div>Memo: Generic Gotv Incent Gift Card</div>	<div>Account: LEVIN</div> <div>[MEMO ITEM]</div>
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25578
	Emerson Masters Debra	Date of Disbursement
	Mailing Address 205 E. Butterfield Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	<div> <div>City State Zip Code</div> <div>Elmhurst IL 60126</div> </div>	<div>Amount of Each Disbursement this Period</div> <div>20.00</div>
	<div>Purpose of Disbursement</div> <div>Memo: Generic Gotv Incent Gift Card</div>	<div>Account: LEVIN</div> <div>[MEMO ITEM]</div>
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E25579
	Emerson Masters Debra	Date of Disbursement
	Mailing Address 205 E. Butterfield Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	<div> <div>City State Zip Code</div> <div>Elmhurst IL 60126</div> </div>	<div>Amount of Each Disbursement this Period</div> <div>20.00</div>
	<div>Purpose of Disbursement</div> <div>Memo: Generic Gotv Incent Gift Card</div>	<div>Account: LEVIN</div> <div>[MEMO ITEM]</div>
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Emerson Masters Debra	Transaction ID: 4B10317.E25891 Date of Disbursement
	Mailing Address 205 E. Butterfield Rd.	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Elmhurst IL 60126	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Emerson Masters Debra	Transaction ID: 4B10317.E25892 Date of Disbursement
	Mailing Address 205 E. Butterfield Rd.	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Elmhurst IL 60126	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Giorno Sharon	Transaction ID: 4B10317.E25580 Date of Disbursement
	Mailing Address 211 Gazebo Lane	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City State Zip Code Lombard IL 60148	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Goers Richard	Transaction ID: 4B10317.E25581 Date of Disbursement
	Mailing Address 234 N. Quincy	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City State Zip Code Hinsdale IL 60521	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Goers Richard	Transaction ID: 4B10317.E25582 Date of Disbursement
	Mailing Address 234 N. Quincy	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City State Zip Code Hinsdale IL 60521	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Jaeger Jeffrey Mailing Address 2136 W Lemoyne City State Zip Code Chicago IL 60622 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25583 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Jennings Tom Mailing Address 2670 Yorkshire Ln City State Zip Code Lisle IL 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25584 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Jennings Tom Mailing Address 2670 Yorkshire Ln City State Zip Code Lisle IL 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25585 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Kuhaneck David Mailing Address 137 Iris Rd. City State Zip Code Darien IL 60561 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25586 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Laz David Mailing Address 2110 Babst Court City State Zip Code Lisle IL 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25587 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Laz David Mailing Address 2110 Babst Court City State Zip Code Lisle IL 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25588 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mann Sarah Mailing Address 905 Fieldside Ln. City State Zip Code Aurora IL 60504 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25589 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mann Sarah Mailing Address 905 Fieldside Ln. City State Zip Code Aurora IL 60504 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25590 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mann Sarah Mailing Address 905 Fieldside Ln. City State Zip Code Aurora IL 60504 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25591 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mann Sarah Mailing Address 905 Fieldside Ln. City State Zip Code Aurora IL 60504 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25592 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Mann Sarah Mailing Address 905 Fieldside Ln. City State Zip Code Aurora IL 60504 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25593 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Moustos Danny Mailing Address 548 73rd Street, Apt. 103 City State Zip Code Downers Grove IL 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25594 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Moustos Danny Mailing Address 548 73rd Street, Apt. 103 City State Zip Code Downers Grove IL 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25595 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Murphy Sarah Mailing Address 409 Robin Hill Ct. City State Zip Code Naperville IL 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25596 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Philip Binu Mailing Address 2303 Sisters Ave. City State Zip Code Naperville IL 60564 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25597 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Philip Binu Mailing Address 2303 Sisters Ave. City Naperville State IL Zip Code 60564 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25598 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Schneider Cindy Mailing Address 912 Williamsburg Dr. City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25599 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Schneider Cindy Mailing Address 912 Williamsburg Dr. City Naperville State IL Zip Code 60540 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25600 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Tucci Alan Mailing Address 2416 Litchfield Ct. City Naperville State IL Zip Code 60565 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25601 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Vanchiei Joe Mailing Address 8717 Royal Swan Lane City Darien State IL Zip Code 60561 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25602 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Wehr Lisa Mailing Address 1302 Sumner Street City State Zip Code Wheaton IL 60189 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25603 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Zanfardino Jackie Mailing Address 1390 Lilac Ln. City State Zip Code Addison IL 60101 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25604 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Zanfardino Jackie Mailing Address 1390 Lilac Ln. City State Zip Code Addison IL 60101 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25605 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25610 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25611 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25619 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25913 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25914 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26254 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Vankampen Meredith Mailing Address 609 S. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26255 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 E. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25612 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 E. Fell Apt 19 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25613 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik David Mailing Address 138 E. Beaufort Street City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25614 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Morris Jordan Mailing Address 701 N Fell St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25617 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Morris Jordan Mailing Address 701 N Fell St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25621 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 S. Fell City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26250 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 S. Fell City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26251 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 S. Fell City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25620 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 S. Fell City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25915 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mickelson Melissa Mailing Address 609 S. Fell City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25916 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div> TOTAL This Period (last page this line number only) ▶ <div></div>	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Limon Nick Mailing Address 3089 Wildhorse St City Normal State IL Zip Code 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25906 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Limon Nick Mailing Address 3089 Wildhorse St City Normal State IL Zip Code 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25622 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25651 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25652 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25950 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25951 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26280 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Heffner Lauraleigh Mailing Address 901 College Court City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26281 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26292 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26293 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26294 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25965 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25661 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25662 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Baker Matt Mailing Address 1007 South Locust, Apt#310 City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25663 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City Champaign State IL Zip Code 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25974 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25975 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25976 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25977 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26301 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26302 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel	Transaction ID: 4B10317.E26303 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Champaign IL 60182	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel	Transaction ID: 4B10317.E25995 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Champaign IL 60182	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel	Transaction ID: 4B10317.E25996 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Champaign IL 60182	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel	Transaction ID: 4B10317.E25997 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Champaign IL 60182	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel	Transaction ID: 4B10317.E25998 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Champaign IL 60182	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25672 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25673 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25674 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Kowalczyk Rachel Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60182 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25675 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25676 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25677 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26304 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26305 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26306 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25978 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25979 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Riggs Collin Mailing Address 713 West Ohio Street City Urbana State IL Zip Code 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25980 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Fair Adrienne Mailing Address 604 East Armory Ave City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25981 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Fair Adrienne Mailing Address 604 East Armory Ave City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25982 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Fair Adrienne Mailing Address 604 East Armory Ave City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26307 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Fair Adrienne Mailing Address 604 East Armory Ave City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26308 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Fair Adrienne Mailing Address 604 East Armory Ave City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25678 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name E Sichao Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25679 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name E Sichao Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26309 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name E Sichao Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26310 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name E Sichao Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25984 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name E Sichao Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25983 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Hua Yanxin Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25985 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Hua Yanxin Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25986 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hua Yanxin Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26311 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Hua Yanxin Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26312 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Hua Yanxin Mailing Address 206 East Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25680 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Xuan Danjie Mailing Address 1005 West Gregory Drive City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25686 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Xuan Danjie Mailing Address 1005 West Gregory Drive City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25687 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Xuan Danjie Mailing Address 1005 West Gregory Drive City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25999 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Xuan Danjie Mailing Address 1005 West Gregory Drive City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26319 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Xuan Danjie Mailing Address 1005 West Gregory Drive City State Zip Code Urbana IL 61801 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26320 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Stephany Margaret Mary Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26324 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Stephany Margaret Mary Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26325 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Stephany Margaret Mary Mailing Address 508 East Chalmers City State Zip Code Champaign IL 60305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25688 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Stephany Margaret Mary	Transaction ID: 4B10317.E26003 Date of Disbursement
	Mailing Address 508 East Chalmers	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 60305	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Stephany Margaret Mary	Transaction ID: 4B10317.E26004 Date of Disbursement
	Mailing Address 508 East Chalmers	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Champaign IL 60305	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Sackett Maisie	Transaction ID: 4B10317.E26005 Date of Disbursement
	Mailing Address 712 Essec Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Sackett Maisie	Transaction ID: 4B10317.E25689 Date of Disbursement
	Mailing Address 712 Essec Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Sackett Maisie	Transaction ID: 4B10317.E25690 Date of Disbursement
	Mailing Address 712 Essec Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Glen Ellyn IL 60137	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Sackett Maisie</p> <p>Mailing Address 712 Essec Court</p> <p>City State Zip Code Glen Ellyn IL 60137</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26326 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Sackett Maisie</p> <p>Mailing Address 712 Essec Court</p> <p>City State Zip Code Glen Ellyn IL 60137</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26327 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Denton Brad</p> <p>Mailing Address 1202 W. Fillmore</p> <p>City State Zip Code Vandalia IL 62471</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25744 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Denton Brad</p> <p>Mailing Address 1202 W. Fillmore</p> <p>City State Zip Code Vandalia IL 62471</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25745 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Denton Kim</p> <p>Mailing Address Rr3 Box 543</p> <p>City State Zip Code Vandalia IL 62471</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E25746 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 3 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Denton Kim Mailing Address Rr3 Box 543 City Vandalia State IL Zip Code 62471 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25747 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Davenport Judy Mailing Address 703 Fourth Street City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25748 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Davenport Judy Mailing Address 703 Fourth Street City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25749 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Davenport Judy Mailing Address 703 Fourth Street City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25750 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Davenport Judy Mailing Address 703 Fourth Street City Highland State IL Zip Code 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26097 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Vanhooe Tonda Mailing Address 1616 Gretchen City State Zip Code Belleville IL 62226 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26082 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Vanhooe Tonda Mailing Address 1616 Gretchen City State Zip Code Belleville IL 62226 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26083 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Vanhooe Tonda Mailing Address 1616 Gretchen City State Zip Code Belleville IL 62226 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25751 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Vanhooe Tonda Mailing Address 1616 Gretchen City State Zip Code Belleville IL 62226 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25752 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Heslop Hope Mailing Address 125 E. Fairway Dr City State Zip Code Belleville IL 62223 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25753 Date of Disbursement <div> <div>10</div> <div>31</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Gundlach Dan	Transaction ID: 4B10317.E25759 Date of Disbursement
	Mailing Address 2918 Indiana Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Granite City IL 62040	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Mcconville Kevin	Transaction ID: 4B10317.E25760 Date of Disbursement
	Mailing Address 60 Wren Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Highland IL 62249	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Reis Jill	Transaction ID: 4B10317.E25767 Date of Disbursement
	Mailing Address 1610 Lind St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Quincy IL 62301	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Reis Jill	Transaction ID: 4B10317.E26105 Date of Disbursement
	Mailing Address 1610 Lind St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Quincy IL 62301	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Farha Jr Micheal	Transaction ID: 4B10317.E25770 Date of Disbursement
	Mailing Address 302 W Adams	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div>
	City State Zip Code Macomb IL 61455	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Farha Jr Micheal Mailing Address 302 W Adams City State Zip Code Macomb IL 61455 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25771 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Coons Vicki Mailing Address 1308 S 22 City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25772 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Coons Vicki Mailing Address 1308 S 22 City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26400 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Coons Vicki Mailing Address 1308 S 22 City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26108 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mcelwee Perry Mailing Address 2392 N 1675th Pl City State Zip Code Camp Point IL 62320 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25773 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name McElwee Lenore Mailing Address 2392 N 1675th Pl City State Zip Code Camp Point IL 62320 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25774 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Cocke Justin Mailing Address 3414 State Hwy 148 City State Zip Code Mulkeytown IL 62865 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25784 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 3 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Grasso Robert Mailing Address 1965 Ravine City State Zip Code Gurnee IL 60031 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25815 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wittenberg Sharon Mailing Address 4163 West End Road City State Zip Code Downers Grove IL 60515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25831 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25838 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	<div></div>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25840 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25841 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25842 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26181 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Gluek Katie Mailing Address 701 University Place City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26183 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Gore Elizabeth Mailing Address 1871 Orrington City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26187 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Gore Elizabeth Mailing Address 1871 Orrington City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26188 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Gore Elizabeth Mailing Address 1871 Orrington City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26189 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Gore Elizabeth Mailing Address 1871 Orrington City State Zip Code Evanston IL 60201 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25839 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Wein Dan Mailing Address 827 Kimballwood Ln City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25843 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Wein Dan Mailing Address 827 Kimballwood Ln City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26190 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Wein Dan Mailing Address 827 Kimballwood Ln City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26191 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Wein Dan Mailing Address 827 Kimballwood Ln City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26192 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Wein Dan Mailing Address 827 Kimballwood Ln City State Zip Code Highland Park IL 60035 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25844 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City Palos Hills State IL Zip Code 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25852 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City Palos Hills State IL Zip Code 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25853 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City Palos Hills State IL Zip Code 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25854 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City Palos Hills State IL Zip Code 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25855 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City Palos Hills State IL Zip Code 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26195 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bakir Jamal Mailing Address 8202 Millstone City State Zip Code Palos Hills IL 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26196 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Miller Joe Mailing Address 19 Terberry City State Zip Code Palos Heights IL 60463 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25858 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Miller Joe Mailing Address 19 Terberry City State Zip Code Palos Heights IL 60463 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25859 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Miller Joe Mailing Address 19 Terberry City State Zip Code Palos Heights IL 60463 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25860 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Miller Joe Mailing Address 19 Terberry City State Zip Code Palos Heights IL 60463 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25861 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hogan Terry	Transaction ID: 4B10317.E25862 Date of Disbursement
	Mailing Address 14323 S. Kostner	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Midlothian IL 60445	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hogan Terry	Transaction ID: 4B10317.E25863 Date of Disbursement
	Mailing Address 14323 S. Kostner	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Midlothian IL 60445	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Hogan Terry	Transaction ID: 4B10317.E25864 Date of Disbursement
	Mailing Address 14323 S. Kostner	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Midlothian IL 60445	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Hogan Terry	Transaction ID: 4B10317.E25865 Date of Disbursement
	Mailing Address 14323 S. Kostner	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Midlothian IL 60445	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Heller Kayla	Transaction ID: 4B10317.E25874 Date of Disbursement
	Mailing Address 3600 W. 117th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City State Zip Code Chicago IL 60655	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Heller Kayla Mailing Address 3600 W. 117th Street City Chicago State IL Zip Code 60655 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25875 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Heller Kayla Mailing Address 3600 W. 117th Street City Chicago State IL Zip Code 60655 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25876 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Filippello Lynda Mailing Address 4401 Fender City Lisle State IL Zip Code 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25893 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Filippello Lynda Mailing Address 4401 Fender City Lisle State IL Zip Code 60532 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26224 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Leventis Gus Mailing Address 18 S Vista City Addison State IL Zip Code 60101 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25894 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Nelson Jody Mailing Address 2431 Carlton Dr. City State Zip Code Woodridge IL 60517 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25895 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Nelson Jody Mailing Address 2431 Carlton Dr. City State Zip Code Woodridge IL 60517 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25896 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Nelson Jody Mailing Address 2431 Carlton Dr. City State Zip Code Woodridge IL 60517 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25897 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Nelson Jody Mailing Address 2431 Carlton Dr. City State Zip Code Woodridge IL 60517 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25898 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Nicola Jim Mailing Address 613 72nd Court City State Zip Code Downers Grove IL 60516 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25899 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶		<div>0.00</div>
TOTAL This Period (last page this line number only) ▶		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Nicola Jim	Transaction ID: 4B10317.E25900 Date of Disbursement
	Mailing Address 613 72nd Court	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Downers Grove IL 60516	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Noble Ben	Transaction ID: 4B10317.E25901 Date of Disbursement
	Mailing Address 442 N Stone Ave.	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Lagrange Park IL 60526	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Noble Ben	Transaction ID: 4B10317.E25902 Date of Disbursement
	Mailing Address 442 N Stone Ave.	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Lagrange Park IL 60526	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Wehr Chris	Transaction ID: 4B10317.E25903 Date of Disbursement
	Mailing Address 1302 Sumner Street	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Wheaton IL 60189	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Watt David	Transaction ID: 4B10317.E25904 Date of Disbursement
	Mailing Address 631 W. Orlando Apt 208	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Watt David	Transaction ID: 4B10317.E25905 Date of Disbursement
	Mailing Address 631 W. Orlando Apt 208	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Watt David	Transaction ID: 4B10317.E26242 Date of Disbursement
	Mailing Address 631 W. Orlando Apt 208	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Watt David	Transaction ID: 4B10317.E26243 Date of Disbursement
	Mailing Address 631 W. Orlando Apt 208	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Sparks Michael	Transaction ID: 4B10317.E25907 Date of Disbursement
	Mailing Address 588 County Road 2175 E.	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Secor IL 61771	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Sparks Michael	Transaction ID: 4B10317.E25908 Date of Disbursement
	Mailing Address 588 County Road 2175 E.	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
	City State Zip Code Secor IL 61771	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)		<input type="text"/>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Kubik David Mailing Address 138 Beaufort City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25909 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Sikes Joel Mailing Address 1204 N Madison City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25910 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Sikes Joel Mailing Address 1204 N Madison City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26256 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Mcknight Kerry Mailing Address 1902 Berrywood Lane City State Zip Code Bloomington IL 61704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25911 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Lindgren Keith Mailing Address 1302 Lincoln Road City State Zip Code Marquette Heights IL 61554 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25912 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kubik Dave	Transaction ID: 4B10317.E25920 Date of Disbursement
Mailing Address 138 E. Beaufort St	<div> <div>11</div> <div>01</div> <div>2010</div> </div>
City State Zip Code Normal IL 61761	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Strubhar Randy	Transaction ID: 4B10317.E25923 Date of Disbursement
Mailing Address 6328 N. 425th East Rd	<div> <div>11</div> <div>01</div> <div>2010</div> </div>
City State Zip Code McLean IL 61754	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Strubhar Linda	Transaction ID: 4B10317.E25924 Date of Disbursement
Mailing Address 6328 N. 425th East Road	<div> <div>11</div> <div>01</div> <div>2010</div> </div>
City State Zip Code McLean IL 61754	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Kunde Drew	Transaction ID: 4B10317.E25925 Date of Disbursement
Mailing Address 2008 Lake Bluff Rd	<div> <div>11</div> <div>01</div> <div>2010</div> </div>
City State Zip Code Bloomington IL 61704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Kunde Drew	Transaction ID: 4B10317.E25926 Date of Disbursement
Mailing Address 2008 Lake Bluff Rd	<div> <div>11</div> <div>01</div> <div>2010</div> </div>
City State Zip Code Bloomington IL 61704	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Kunde Drew</p> <p>Mailing Address 2008 Lake Bluff Rd</p> <p>City State Zip Code Bloomington IL 61704</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26239 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div> </p>
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Blair Mailing Address 1018 N Maple Wood Ave City State Zip Code Peoria IL 61605 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26247 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Kelly Blair Mailing Address 1018 N Maple Wood Ave City State Zip Code Peoria IL 61605 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25929 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Zenn James Mailing Address 2610 West Oaktin Street City State Zip Code Park Ridge IL 60068 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25930 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Zenn James Mailing Address 2610 West Oaktin Street City State Zip Code Park Ridge IL 60068 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25931 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25936 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ► <div>0.00</div> TOTAL This Period (last page this line number only) ► <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25937 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25938 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25939 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26265 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26266 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26267 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hamilton Charlotte Mailing Address 204 Peabody Drive City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26268 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Liberatore Amanda Mailing Address 102 East Green Street, Apt#18 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25940 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Klootwyk Kristen Mailing Address 211 East John Street, Apt#208 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26282 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Klootwyk Kristen Mailing Address 211 East John Street, Apt#208 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26283 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Klootwyk Kristen Mailing Address 211 East John Street, Apt#208 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25952 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Klootwyk Kristen Mailing Address 211 East John Street, Apt#208 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25953 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Klootwyk Kristen Mailing Address 211 East John Street, Apt#208 City State Zip Code Champaign IL 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E25954 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Bazzanelia Alyssa Mailing Address 318 Kensington City State Zip Code Lagrange IL 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26328 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Bazzanelia Alyssa Mailing Address 318 Kensington City State Zip Code Lagrange IL 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26329 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
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SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bazzanelia Alyssa Mailing Address 318 Kensington City Lagrange State IL Zip Code 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26006 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bazzanelia Alyssa Mailing Address 318 Kensington City Lagrange State IL Zip Code 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26007 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Bazzanelia Alyssa Mailing Address 318 Kensington City Lagrange State IL Zip Code 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26008 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Joseph Jerry Mailing Address 509 East Green Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26012 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Joseph Jerry Mailing Address 509 East Green Street City Champaign State IL Zip Code 61820 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26013 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Joseph Jerry</p> <p>Mailing Address 509 East Green Street</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26332</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Joseph Jerry</p> <p>Mailing Address 509 East Green Street</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26333</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Gaily Katherine</p> <p>Mailing Address 508 East Chalmers</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26015</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Gaily Katherine</p> <p>Mailing Address 508 East Chalmers</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26016</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Gaily Katherine</p> <p>Mailing Address 508 East Chalmers</p> <p>City State Zip Code Champaign IL 61820</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26017</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>20.00</div> </div> </p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<div> <div></div> <div>0.00</div> </div>
<p>TOTAL This Period (last page this line number only)</p>		<div> <div></div> <div></div> </div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Gaily Katherine	Transaction ID: 4B10317.E26018 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Gaily Katherine	Transaction ID: 4B10317.E26019 Date of Disbursement
	Mailing Address 508 East Chalmers	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Champaign IL 61820	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Enriquez Pamela	Transaction ID: 4B10317.E26020 Date of Disbursement
	Mailing Address 2245 Iroquis Road	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Champaign IL 60091	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Enriquez Pamela	Transaction ID: 4B10317.E26021 Date of Disbursement
	Mailing Address 2245 Iroquis Road	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Champaign IL 60091	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Enriquez Pamela	Transaction ID: 4B10317.E26022 Date of Disbursement
	Mailing Address 2245 Iroquis Road	<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City State Zip Code Champaign IL 60091	Amount of Each Disbursement this Period <input type="text" value="20.00"/>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<input type="text" value="0.00"/>
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NAME OF COMMITTEE (In Full)

Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E26037
	Bauer Chris	Date of Disbursement
	Mailing Address 2160 Vachel Lindsay Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City Springfield State IL Zip Code 62703	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E26038
	Nettels Latrine	Date of Disbursement
	Mailing Address 1536 Sven Pines Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City Springfield State IL Zip Code 62704	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E26041
	Sneed Mary	Date of Disbursement
	Mailing Address 3205 Saxony Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City Springfield State IL Zip Code 62703	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E26042
	Sneed Mary	Date of Disbursement
	Mailing Address 3205 Saxony Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City Springfield State IL Zip Code 62703	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Transaction ID: 4B10317.E26043
	Sneed Mary	Date of Disbursement
	Mailing Address 3205 Saxony Rd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
	City Springfield State IL Zip Code 62703	Amount of Each Disbursement this Period <div>20.00</div>
	Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Sneed Mary Mailing Address 3205 Saxony Rd City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26044 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Sneed Mary Mailing Address 3205 Saxony Rd City Springfield State IL Zip Code 62703 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26348 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Joan Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26355 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Joan Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26356 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Joan Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26051 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Joan Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26052 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Egiizi Joan Mailing Address 2823 Dryden City Springfield State IL Zip Code 62711 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26053 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Boyd Dave Mailing Address 2230 Lindbergh City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26055 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Boyd Dave Mailing Address 2230 Lindbergh City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26056 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Boyd Dave Mailing Address 2230 Lindbergh City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26057 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Boyd Dave Mailing Address 2230 Lindbergh City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26357 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Boyd Dave Mailing Address 2230 Lindbergh City Springfield, State IL Zip Code 62704 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26358 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Spitz Anne Mailing Address 13552 Niggli Rd City Pocahontas State IL Zip Code 62275 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26072 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Meikamp Jo Mailing Address 1370 Geiber Rd City Edwardsville State IL Zip Code 62025 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26073 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Doncarlos Sue Mailing Address 2406 Patrick Drive City Belleville State IL Zip Code 62221 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26074 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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TOTAL This Period (last page this line number only)		<div></div>

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 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Hurt Jim Mailing Address 2922 Woodland Ln City State Zip Code Marine IL 62061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26076 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Hurt Jim Mailing Address 2922 Woodland Ln City State Zip Code Marine IL 62061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26077 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Hurt Jim Mailing Address 2922 Woodland Ln City State Zip Code Marine IL 62061 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26385 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Kuehl Amy Mailing Address 1415 Lynn St. City State Zip Code Highland IL 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26078 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Kuehl Amy Mailing Address 1415 Lynn St. City State Zip Code Highland IL 62249 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26079 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
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Illinois Republican Party

A.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Denhe Ruth</p> <p>Mailing Address 8 Cherrywood Ct</p> <p>City State Zip Code Belleville IL 62221</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26084 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Fuerguson Wendy</p> <p>Mailing Address 464 Hamilton</p> <p>City State Zip Code Woodriver IL 62095</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26085 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Jones Donna</p> <p>Mailing Address 4010 Vesei</p> <p>City State Zip Code Granite City IL 62040</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26086 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
D.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Killion Sally</p> <p>Mailing Address 5 Doug Dr</p> <p>City State Zip Code St.jacob IL 62281</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26089 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
E.	<p>Full Name (Last, First, Middle Initial) / Full Organization Name Whimmer Kathy</p> <p>Mailing Address 300 Paddock Rd</p> <p>City State Zip Code Belleville IL 62223</p> <p>Purpose of Disbursement Memo: Generic Gotv Incent Gift Card</p>	<p>Transaction ID: 4B10317.E26091 Date of Disbursement</p> <p><input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 20.00</p> <p>Account: LEVIN [MEMO ITEM]</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Buehler Adam	Transaction ID: 4B10317.E26096 Date of Disbursement
Mailing Address 315 Las Olas	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Belleville IL 62221	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Buehler Adam	Transaction ID: 4B10317.E26381 Date of Disbursement
Mailing Address 315 Las Olas	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Belleville IL 62221	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer Charlotte	Transaction ID: 4B10317.E26401 Date of Disbursement
Mailing Address 2065 College	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Quincy IL 62301	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer Charlotte	Transaction ID: 4B10317.E26402 Date of Disbursement
Mailing Address 2065 College	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>2</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Quincy IL 62301	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer Charlotte	Transaction ID: 4B10317.E26109 Date of Disbursement
Mailing Address 2065 College	<div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
City State Zip Code Quincy IL 62301	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer Charlotte Mailing Address 2065 College City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26110 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer John Mailing Address 2065 College City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26111 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer John Mailing Address 2065 College City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26112 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer John Mailing Address 2065 College City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26403 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Tourneer John Mailing Address 2065 College City State Zip Code Quincy IL 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26404 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 2 / 2 0 1 0</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Bland James Mailing Address 832 N 2800 Th Ave City Mendon State IL Zip Code 62351 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26113 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Bland Marian Mailing Address 832 N 2800th Ave City Mendon State IL Zip Code 62351 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26114 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Blickhan Steve Mailing Address 7004 White Oak Rd City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26115 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Geise Sharon Mailing Address 3222 Center Dr City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26116 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Goodwin Susan Mailing Address 3820 S 24th City Quincy State IL Zip Code 62305 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26117 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Maloy April Mailing Address 1101 N Madison City State Zip Code Marion IL 62959 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26139 Date of Disbursement <div> <div> <div>M</div> <div>M</div> </div> <div> <div>D</div> <div>D</div> </div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>1</div> <div>1</div> </div> <div> <div>0</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>1</div> <div>0</div> </div>
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20.00

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Courtney Mailing Address 329 E Gaskins St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26151 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Courtney Mailing Address 329 E Gaskins St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26152 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Courtney Mailing Address 329 E Gaskins St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26153 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Smith Courtney Mailing Address 329 E Gaskins St City Harrisburg State IL Zip Code 62946 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26154 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Wojciechowski Daniel Mailing Address Po Box 684 City Cambria State IL Zip Code 62915 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26159 Date of Disbursement <div> <div>11</div> <div>01</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Krueger Mary Ann Mailing Address 22 Courleroux City State Zip Code Palos Hills IL 60465 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26203 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Veenstra Richard Mailing Address 201 N Catalpa City State Zip Code Addison IL 60101 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26225 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26227 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26228 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26229 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A.	Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26230 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26231 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26232 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Soch Ray Mailing Address 2132 Ruby St. City State Zip Code Melrose Park IL 60164 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26233 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E.	Full Name (Last, First, Middle Initial) / Full Organization Name Gaeta Jon Mailing Address 118 Monroe City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26234 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)		<div>0.00</div>
TOTAL This Period (last page this line number only)		<div></div>

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Metroff Victor Mailing Address 804 S. 7th Ave City State Zip Code Lagrange IL 60525 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26236 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Morris Jordan Mailing Address 2403 Peppertree Place City State Zip Code Champaign IL 61822 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26237 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Lastres Caitlin Mailing Address 1003 N School St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26238 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Stott Ramo Mailing Address 117 W. Willow Apt 1 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26241 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Mattheessen John Mailing Address 2007 Desoto Ct City State Zip Code Pekin IL 61554 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26244 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶ <div>0.00</div>	
TOTAL This Period (last page this line number only) ▶ <div></div>	

SCHEDULE L-B (FEC Form 3X) **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Kubic Andrew Mailing Address 138 E Beaufort St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26245 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Anderson Adrienne Mailing Address 705 S. Franklin Apt 3 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26252 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Kubic Dave Mailing Address 138 E. Beaufort St City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26257 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Jeffries Gina Mailing Address 108 Nicholas Rd City State Zip Code Groveland IL 61535 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26258 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Call Lindsay Mailing Address 602 Hillview Dr Apt 5 City State Zip Code Normal IL 61761 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26259 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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NAME OF COMMITTEE (In Full)
 Illinois Republican Party

A. Full Name (Last, First, Middle Initial) / Full Organization Name Musolino Jim Mailing Address 1225 S 18th St City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26405 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) / Full Organization Name Dooley Cheryl Mailing Address 426 Pinehurst Dr City Quincy State IL Zip Code 62301 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26406 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) / Full Organization Name Miller Daniel Mailing Address P.o. Box 81 City Buffalo State IL Zip Code 62515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26407 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
D. Full Name (Last, First, Middle Initial) / Full Organization Name Miller Daniel Mailing Address P.o. Box 81 City Buffalo State IL Zip Code 62515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26408 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
E. Full Name (Last, First, Middle Initial) / Full Organization Name Miller Daniel Mailing Address P.o. Box 81 City Buffalo State IL Zip Code 62515 Purpose of Disbursement Memo: Generic Gotv Incent Gift Card	Transaction ID: 4B10317.E26409 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>20.00</div> Account: LEVIN [MEMO ITEM]
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ITEMIZED DISBURSEMENTS
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<input type="checkbox"/>	4a	<input type="checkbox"/>	4c	<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	4b	<input type="checkbox"/>	4d		

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NAME OF COMMITTEE (In Full)
Illinois Republican Party

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Postle Bernadette

Mailing Address 928 N 230th Ave

City	State	Zip Code
Quincy	IL	62305

Purpose of Disbursement

Memo: Generic Gotv Incent Gift Card

Transaction ID: 4B10317.E26410

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

20.00

Account: LEVIN

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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